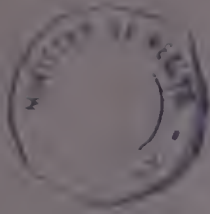


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County of Lincoln – Parts of Kesteven

ANNUAL REPORT

of the

COUNTY MEDICAL OFFICER

OF HEALTH

for the Year

1962



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COUNTY OF LINCOLN - PARTS OF KESTEVEN

HEALTH COMMITTEE

(Constitution as at 31st December, 1962)

CHAIRMAN:

Councillor S.P. KING

VICE-CHAIRMAN:

Alderman Mrs. D. SCHWIND, M.B.E.

Aldermen

THE RT. HON. THE EARL
OF ANCASTER, L.L., T.D.

(ex-officio)

C.W. BARRAND

Capt. H.W.N. FANE, D.L.

(ex-officio)

C.H. FENELEY

H.L. HUDSON

J.W. MILNER

W.E. YOUNG

Councillors

Mrs. C.A. BAKER

A.E. BELLAMY

Mrs. G.M. BOYFIELD

Mrs. A. FANCOURT

W.M. FRIEND

G.A.F. HOLLOWAY

H.E. HOUGH

K.H. JENNINGS

MRS. C.L. JACQUES

Mrs. M. LARGE, M.A.,
B.Comm.

C.E. MARSHALL

T.W. MAJER

Mrs. A.S. MOTTERSHAW

Mrs. N. ROBSON

E.A. SKINNS

J.H.W. TAYLOR

G.E. WALTHAM

J.E. SNELL

Co-opted Members:

Mrs. T.H.N. BATTLE

Mrs. J.C.B. HARRISON

Mrs. A.E. MILLETT

Mrs. I. PICK

Representing Kesteven Local Medical and Panel Committee:

R.G. NETHERY, M.R.C.S., L.R.C.P.

Representing Kesteven Local Dental Committee:

Mr. F.H. WALLACE

PUBLIC HEALTH OFFICERS OF THE COUNTY COUNCIL

County Medical Officer of Health:

T.J. O'SULLIVAN, M.A., M.B., B.Ch., B.A.O., M.D., D.P.H., L.M.

Official Address: Public Health Dept., County Offices, Sleaford.
Telephone: Sleaford 241.

Deputy County Medical Officer of Health:

IRENE F. BLAKENEY, M.R.C.S., L.R.C.P., M.B., B.S., D.P.H., D.C.H.

Senior Medical Officer:

E.A. WHITELEY, M.B., Ch.B.

Assistant County Medical Officers, School Medical Officers and Assistant Medical Officers for Maternity and Child Welfare (part-time):

E.I. BLENKINSOP, M.B., B.S., D.P.H.

C.W. SHEARER, M.B., Ch.B., D.P.H.

H. ELLIS-SMITH, M.B., B.Ch., B.A.O., D.P.H.

Consultant Chest Physicians:

H.G.H. BUTCHER, B.A., L.R.C.P., M.R.C.S., D.P.H.

G.B. ROYCE, B.S., M.B., Ch.B.

(Joint appointments with R.H.B.s)

Consultant Staff

The part-time services of the following consultants have been made available during the year to this Authority by arrangement with the East Anglian and Sheffield Regional Hospital Boards:-

Orthopaedic Surgeons:

J.P. JACKSON, F.R.C.S., M.R.C.S., L.R.C.P.

NOEL J. SMITH, B.A., M.B., B.Ch., B.A.O., F.R.C.S.I.

Ophthalmic Surgeons:

G.M. BARLING, M.B., Ch.B., D.O.M.S.

W.A. BRIGGS, M.B., B.Ch., D.O.M.S.

S.P. REDMOND, M.B., B.Ch., B.A.O., D.O.M.S.

Ear, Nose and Throat Surgeons:

G.W. MOREY, M.B., B.S., D.L.O.

A.A. FINLAYSON, M.B., Ch.B., F.R.C.S.

M. SPENCER HARRISON, M.D., F.R.C.S., F.R.C.P.

Dermatologists:

D.I. McCALLUM, M.B., Ch.B., M.R.C.P., D.P.H.

E.C. RITTER, M.B., Ch.B., M.R.C.P.

Senior Dental Surgeon:

J.E. MANN, L.D.S., R.C.S.

Dental Surgeons:

C.H. EDNEY, L.D.S., R.C.S. (died 20/1/62)

2 whole-time vacancies

Public Analyst (part-time)

W.W. TAYLOR, B.Sc., F.I.C.

County Nursing Superintendent:

Non-Medical Supervisor of Midwives:

Miss L. DICK, S.R.N., S.C.M., H.V.Cert.

Assistant County Nursing Superintendent:

Miss P.M. PARKER, S.R.N., S.C.M., H.V.Cert. (resigned 14/7/62)
Miss M.C. EDWARDS, S.R.N., S.C.M., H.V.Cert. (appointed 10/9/62).

County Health Visitors:

Miss O.A. BROOKS, S.R.N., S.C.M., H.V.Cert.
Mrs. F.H. COCK, S.R.N., S.C.M., H.V.Cert.
Miss M.A. DANIELS, S.R.N., S.C.M., S.R.F.N., H.V.Cert.
Mrs. D.E. EDGELL, S.R.N., S.C.M., H.V.Cert. (appointed 14/7/62)
Miss M.A. HETHERINGTON, S.R.N., S.C.M., H.V.Cert.
Mrs. E. HOLLAND, S.R.N., S.C.M., H.V.Cert.
Miss M. PHILLIPS, S.R.N., S.C.M., S.R.F.N., H.V.Cert.
(transferred to appointment of DN/M 1/2/62)
Mrs. M.M. TUCKER, S.R.N., H.V.Cert.
Miss E.M. WOOD, S.R.N., S.C.M., H.V.Cert.
Miss E.M. WRIGHT, S.R.N., S.C.M., H.V.Cert.

Also 22 District Nurse-Midwives act as part-time Health Visitors.

Physiotherapists:

Miss E.A. PECK, S.R.N., M.C.S.P.
Miss S.G. HARDY, M.C.S.P.

Speech Therapist:

Miss M.E. WRIGHT, L.C.S.T.

County Health Inspector:

J.F. LOFTHOUSE, M.R.S.H., M.I.P.H.E., M.A.P.H.I.

Home Help Organiser:

Mrs. D. JONES

Matron, St. Catherine's Road Day Nursery, Grantham:

Mrs. M.E. HIND, S.R.F.N.

Non-Medical Staff - Mental Health Services:

Senior Mental Welfare Officer:

N.A. CLARKE, A.I.S.W.

Mental Welfare Officers:

W. HOLMES, A.I.S.W.

D. WRAY

Miss W. PICKERING

Mental Welfare Assistant:

R.G. BOYFIELD

Sandon School (Junior Training Centre) Grantham:

Supervisor - Mrs. C. HAMILTON (resigned 31/3/62)

Mrs. E.F.M. Surridge (appointed 17/5/62)

Chief Clerk:

W.S. DENCH

Assistant Chief Clerk:

A. COLLEY

Ambulance Officer:

H. SANDS

District Medical Officers of Health and Public Health Inspectors

District	Medical Officer of Health (all part-time appointments)	Chief Public Health Inspector
Borough of Grantham	C.W. Shearer, M.B., Ch.B., D.P.H.	C. Taylor, M.A.P.H.I.
Borough of Stamford	H. Ellis-Smith, M.B., B.Ch., B.A.O., D.P.H.	L.J. Roll, A.R.S.H. Cert. S.I.B.
Urban District of Sleaford	E.I. Blenkinsop, M.B., B.S., D.P.H.	T.E. Dagwell, M.R.S.H., M.A.P.H.I.
Urban District of Bourne	H. Ellis-Smith, M.B., B.Ch., B.A.O., D.P.H.	N. Buckle, A.R.S.H.
Rural District of North Kesteven	E.I. Blenkinsop, M.B., B.S., D.P.H.	J. Freeman, M.I.Mun.E., M.R.S.H., M.A.P.H.I.
Rural District of East Kesteven	E.I. Blenkinsop, M.B., B.S., D.P.H.	J.A. Saville, M.A.P.H.I., M.R.I.P.H.H.
Rural District of South Kesteven	H. Ellis-Smith, M.B., B.Ch., B.A.O., D.P.H.	W.A. Chivers, M.R.S.H., M.A.P.H.I.
Rural District of West Kesteven	C.W. Shearer, M.B., Ch.B., D.P.H.	J. Dean, M.R.S.H., F.F.S. (Eng)

F O R E W O R D

To the Chairman, Aldermen and Members of the Kesteven County Council.

Mr. Chairman, My Lord, Ladies and Gentlemen,

I have the honour to present my Annual Report as County Medical Officer of Health for the year 1962.

The general health of the County remained good. The birth rate per thousand population was 18.3, compared with 18.0 for England and Wales. The death rate was 11.09, compared with 11.3 for England and Wales. Heart disease and cancer accounted for 51% of the total deaths. The number of deaths from lung cancer for 1962 was 62, as compared with 48 for 1961.

CO-OPERATION BETWEEN FAMILY DOCTORS AND HEALTH VISITORS

Close co-operation exists between health visitors and family doctors. Health visitors visit the doctors' surgeries at regular intervals. In view of the continued expansion of the community services this co-operation is of great help to all concerned.

MENTAL HEALTH SERVICES

During the year there has been a marked expansion in these services. The County Council are implementing the proposals under the Mental Health Act, 1959, and the new purpose-built training centre will be opened early in 1963.

The work of the mental welfare workers continues to increase, as shown in the Mental Health Section of the Report.

AMBULANCE SERVICE

We have received many tributes from the public in connection with the care and attention they have received from this service. Special thanks are due to the services given by the St. John Ambulance Brigade and British Red Cross Society. Their work has been carried out in the best traditions of the voluntary services.

HOME HELP SERVICE

During the year a special course for home helps was held at the Grantham College for Further Education. The syllabus included dietetics (invalid diets) and housecraft. It is hoped to extend this provision so that home helps will be able to render the extra skilled care that is often necessary when dealing with old people.

RURAL WATER SUPPLIES - SEWERAGE AND SEWAGE PURIFICATION

In the body of the report I give a review showing a number of schemes for sewerage and sewage purification which have been approved by the County Council over the last ten years. It will be seen that a great deal of progress has been made in this important field of public health.

I would like to express to the Chairman and Vice-Chairman of the Health Committee my appreciation of their advice and support, and I would also like to thank the members of the Health Committee for their kindness and consideration during the year. Also I would like to pay a special tribute to the members of the Health Department staff for the valuable service they have rendered during the year. I am also grateful to the family doctors and hospital staffs for their understanding and co-operation.

T. J. O'SULLIVAN.

Public Health Department,
County Offices,
SLEAFORD, Lincs.

STATISTICS AND SOCIAL CONDITIONS

General Statistics.

Area of Administrative County (in acres)	..	..	462,100
Population:			
Census 1921	..	..	108,237
" 1931	..	..	110,360
" 1951	..	..	130,717
Registrar General's estimate, 1962	..	..	140,260
Number of inhabited houses (Census 1921)	..	..	25,456
" " " " (Census 1931)	..	..	27,590
" " " " (Census 1951)	..	..	35,080
Number of families or separate occupiers (1921)	..	..	25,823
" " " " " (1931)	..	..	27,845
" " " " " (1951)	..	..	35,662
Rateable Value (1st April, 1962)	..	..	£1,482,307
Estimated product of a penny rate, 1962/63	..	..	£5,993

Extracts from Vital Statistics for the Year 1962.

NOTE: Birth and Death Rates:

As the age and sex distribution of the population in different areas materially affects both the Birth and Death Rates of these areas, comparability factors allowing for this are issued by the Registrar General for each Local Government Unit. These factors may be used for calculating what are termed in this Report as "Nett" rates and fairer comparisons are obtained if the latter are used when comparing rates with those of any other area (when these have been similarly adjusted) or with the rates for the Country as a whole.

These factors for Births and Deaths in respect of Kesteven are 1.03 and 0.95 respectively. The corresponding figure when multiplied by the Crude rate (that is, for Births or Deaths as the case may be) will give the Nett Rate.

Live Births:	Males	Females	Totals
Total	1,310	1,187	2,497
Legitimate	1,260	1,136	2,396
Illegitimate	50	51	101

Live Birth Rate per 1,000 Population:			
Crude	..	..	17.80
Nett	..	..	18.33
Rate for England and Wales	..	..	18.00

Illegitimate Live Births per cent of total live births 4.05

Still-Births:	Males	Females	Totals
Total	36	18	54
Legitimate	36	16	52
Illegitimate	-	2	2

Still-birth Rate per 1,000 Live and Still-births				21.17
Rate for England and Wales				18.1
	<u>Males</u>	<u>Females</u>		<u>Totals</u>
Total Live and Still-births	1,346	1,205		2,551
Infant Deaths (i.e., under 1 year)				
Total	26	24		50
Legitimate	23	23		46
Illegitimate	3	1		4
Infant Mortality Rate per 1,000 Live Births				
Total				29.02
Legitimate (per 1,000 legitimate live births) ..				19.19
Illegitimate (per 1,000 illegitimate live births) ..				39.60
Deaths of Infants under 4 weeks				31
Neo-Natal Mortality Rate (deaths under 4 weeks per 1,000 total live births)				12.41
Deaths of Infants under 1 week				26
Early Neo-natal Mortality Rate (deaths under 1 week per 1,000 total live births)				10.41
Perinatal Mortality Rate (still-births and deaths under 1 week combined per 1,000 total live and still-births)				31.36
Maternal Deaths (including abortion)				Nil
Maternal Mortality Rate per 1,000 Live and Still-births				-

Births:

The Live Birth Rate of 17.80 per thousand of the estimated population was higher by 0.99 than that of the previous year. The number of live births belonging to the Administrative County was 2,497 (1,310 males and 1,187 females) - compared with 2,317 (1,167 males and 1,150 females) in 1961.

The 101 illegitimate live births - representing 4.05 per cent of the total - showed an increase of 0.6 on the figure for the previous year, when there were 81 (3.49 per cent. of the total) such births.

The number of Still-births, 54, was higher than last year but the Still-birth Rate, 21.17, was slightly lower than the average for the previous ten years.

The following Table, which gives comparative statistics relating to births in the Administrative County since 1940, is of interest:-

Year	LIVE BIRTHS			STILLBIRTHS		
	Legitimate	Illegitimate	Total	Rate (per 1,000 pop.) *	No.	Rate (per 1,000 total births) *
1940	1,665	88	1,753	15.91	58	32.0
1941	1,749	110	1,859	16.39	62	32.3
1942	1,927	165	2,092	18.47	66	30.6
1943	1,967	162	2,129	18.53	60	27.4
1944	2,045	200	2,245	19.75	64	27.7
1945	1,939	267	2,206	19.97	68	29.9
1946	2,094	176	2,270	20.06	65	27.8
1947	2,306	156	2,462	21.37	62	24.6
1948	2,130	168	2,298	19.20	67	19.8
1949	2,102	129	2,231	18.45	39	17.2
1950	2,058	121	2,179	16.78	48	21.5
1951	2,073	98	2,171	16.36	42	19.0
1952	1,993	102	2,095	15.56	52	24.2
1953	2,044	101	2,145	16.16	54	24.6
1954	1,990	107	2,097	16.16	51	23.7
1955	1,949	92	2,041	15.70	53	25.3
1956	2,032	96	2,128	16.12	54	24.7
1957	2,054	87	2,141	16.05	50	22.8
1958	2,101	87	2,188	16.39	43	19.3
1959	2,135	85	2,220	16.64	53	23.3
1960	2,257	89	2,346	17.35	40	16.7
1961	2,236	81	2,317	16.81	34	14.4
1962	2,396	101	2,497	17.80	54	21.2

* In calculating these rates for the years 1940-49 Civilian population figures were used while since then the TOTAL population figures have been used.

The number of births notified in the County under Section 203 of the Public Health Act, 1936, as adjusted by any transferred notifications, was 2,490 live births and 49 still-births.

Details of births in each of the 8 County Districts will be found in Table I on page 68.

Deaths.

Details of deaths now supplied by the Registrar General are classified under the 36 headings based on the Abbreviated List of the International Statistical Classification of Diseases, Injuries and Causes of Death, 1948, which has superseded the Abridged List of the International List of Causes of Death, 1938, in use from 1940 to 1949.

CHIEF CAUSES OF DEATH:- The following is a statement of the chief causes of death compiled from the Registrar General's returns for the year:-

Cause of death	No. of Deaths	Rate per 1,000 of est. pop. Kesteven
Other Heart Diseases	292	2.08
Coronary Disease, Angina	251	1.79
Vascular lesions of Nervous System ..	245	1.75
Other defined and ill-defined Diseases	148	1.05
Other Malignant and Lymphatic Neoplasms	129	0.92
Pneumonia	115	0.82
Other Circulatory Disease	84	0.59
Bronchitis	63	0.45
Malignant Neoplasm, Lung Bronchus ..	62	0.44
Malignant Neoplasm, stomach	41	0.29
Accidents (other than motor vehicle)	30	0.21
Motor Vehicle Accidents	25	0.18
Hypertension with Heart Disease ..	23	0.16
Malignant Necplasm, breast	22	0.16

The Crude Death Rate from all causes for the County was 11.68 per thousand of the estimated population, while the Nett Rate was 11.09 compared with 10.64 the previous year. The rate for England and Wales was 11.3. The number of deaths, which include those of members of the armed forces stationed in the area was 1,639 (824 males and 815 females); the figures for 1961 were 1,560 (815 and 744 respectively). The proportion of deaths over 65 years of age was 73.15 per cent in the year under review, as compared with 71.67 per cent in 1961, 71.3 per cent in 1960, 73.0 per cent in 1959 and 75.8 per cent in 1958.

There were 50 deaths of infants under one year, representing an Infant Mortality Rate of 20.02 per thousand live births. The rate for England and Wales was 21.4.

There were no deaths from maternal causes during 1962. The maternal mortality rate for the country as a whole was 0.35.

Deaths from Respiratory Tuberculosis were down to 4 giving a rate of 0.03 deaths per thousand of the estimated population.

The following Table shows the number of deaths and rates during the past 15 years:-

YEAR	* DEATHS (All Causes)		DEATHS (Infants under 1 year)		DEATHS (Maternal Causes)	
	No.	* Rate	No.	Rate	No.	Rate
1948	1,320	11.04	70	30.46	2	0.84
1949	1,423	11.77	88	37.20	5	2.20
1950	1,455	11.20	90	41.30	1	0.45
1951	1,430	10.78	61	28.09	1	0.45
1952	1,325	9.84	74	35.32	3	1.39
1953	1,534	11.56	79	36.80	0	0.00
1954	1,551	11.95	51	24.32	1	0.46
1955	1,607	12.36	53	25.97	0	0.00
1956	1,630	12.35	60	28.19	1	0.46
1957	1,571	11.78	44	20.55	0	0.00
1958	1,543	11.56	45	20.57	2	0.90
1959	1,505	11.28	38	17.12	0	0.00
1960	1,559	11.53	48	20.46	0	0.00
1961	1,560	11.32	44	18.99	1	0.42
1962	1,639	11.68	50	20.02	0	0.00

* For the years 1938/49 deaths of non-civilians were excluded from the Registrar General's returns and Civilian population figures were therefore used for calculating the Death Rates. These deaths have, however, been included in the 1950/62 returns and the total population figures have therefore been used in determining the Rates for those years.

The deaths registered under Heart Disease during 1962 numbered 566. Reference to the Chief Causes of Death show that this remains the principal cause. The death rate per 1,000 of the estimated population at 4.0 was 0.3 higher than in 1961. The following is a statement of fatalities from Heart Disease during the years 1940-1962:-

Year	No. of deaths	Crude Death Rate per 1,000 of estimated population	Percentage of total Deaths from all causes
1940	361	3.28	23.8
1941	297	2.62	21.4
1942	302	2.67	22.3
1943	309	2.69	21.9
1944	316	2.78	24.3
1945	362	3.28	27.4
1946	350	3.09	25.8
1947	391	3.39	28.5
1948	387	3.23	29.3
1949	441	3.65	30.9
1950	451	3.47	31.3
1951	486	3.67	33.9
1952	423	3.14	31.9
1953	510	3.84	33.2
1954	592	4.56	38.2
1955	574	4.41	35.7
1956	621	4.70	38.1
1957	579	4.34	36.8
1958	537	4.02	34.8
1959	514	3.85	34.1
1960	565	4.18	36.2
1961	520	3.77	33.3
1962	566	4.03	34.5

Further information regarding the causes of death, etc., will be found on page 69 and in Table III (inset).

DEVELOPMENT OF LOCAL AUTHORITY
HEALTH SERVICES

In January the Ministry of Health issued Circular 2/62 drawing attention to the publication of the Hospital Plan for England and Wales, which, it was pointed out, would be complementary to the expected development of the services for prevention and care in the community. It followed that the local authority services should be planned for the same period ahead as the hospital service. Local authorities were therefore asked to review their health and welfare services and to draw up plans for developing them over the next ten years. It was implicit in the circular that the Ministry expected there to be considerable flexibility in these plans and authorities were in fact advised that they would be expected to review their programmes annually, each time taking them a year further forward so as to cover the decade lying ahead.

Our draft plans were approved by the Committee in June and subsequently discussions on them took place with the Lincs. (Kesteven) Executive Council, Local Medical Committee and the Regional Hospital Board. When we met the Board's representatives the opportunity was taken to raise with them certain points about their development proposals which were causing some concern in the area. These discussions were of considerable mutual benefit and after they were concluded our final plan was accepted by the County Council ready for submission to the Ministry by the required date, viz. 31st October.

During consideration of our proposals sight was not lost of the part to be played by voluntary effort in implementing them. The importance of this was emphasised by the Ministry not only in the particular circular referred to above but in others that were issued in April and August following top level conferences between the Ministry and representatives from official and voluntary organisations concerned. Local health and welfare authorities were asked to give fresh thought to the work which voluntary organisations are already doing and to consider what further or other work they can suitably be invited to undertake. We have always been fortunate in Kesteven in having access to a number of keen and energetic persons or groups of persons willing to give voluntary service and we have been pleased to make full use of them whenever we can. The following are examples of the way such help is being used on the health side:-

- (a) for providing assistance at infant welfare centres and clinics;
- (b) for manning Welfare Food distribution centres;
- (c) for providing attendants when necessary for ambulance and sitting car journeys, including escorts for train journeys;
- (d) providing and running medical loan depots;
- (e) providing laundry service in part of the County for the incontinent.

This list is not a comprehensive one and, of course, no mention has been made of the many ways volunteer help is being employed in the Welfare Services such as Meals on Wheels, Old People's Clubs, etc.

In spite of what is already being done in this way it was considered desirable that meetings should be arranged with representatives from the health and welfare departments on the one side and the local voluntary organisations on the other, so arrangements were made accordingly. The work of convening the meetings was kindly undertaken by Major W.B.O. Prosser, M.C., Secretary of the Community Council of Kesteven and he reports as follows:-

"In July, 1962, the County Medical Officer of Health and the County Welfare Officer approached the Community Council for an opportunity to discuss the co-operation of voluntary organisations with the Local Authority Health and Welfare Services in relation to the Ministry of Health Circulars 2/62 and 7/62.

"The National Council of Social Service, which was consulted by the Minister, assured all County and County Borough Councils of the whole-hearted co-operation by, amongst others, the Rural Community Councils.

"In October the County Medical Officer and the County Welfare Officer were invited to attend a meeting of the Executive Committee of the Community Council of Kesteven. As a result of this meeting, a Clearing Committee was set up and this was composed of Senior Representatives of seven voluntary organisations and the Local Authority was represented by the County Medical Officer of Health and the County Welfare Officer. This Committee was an informal committee and was constituted to meet quickly and effectively.

"The Committee defined its duties as follows:-

"To ensure effective support for and use of the health and Welfare Services within the county by:-

- (a) Endeavouring to get the maximum effective co-operation between the voluntary services themselves and between the voluntary services and the Local Authority;
- (b) The use of regular consultation within the Committee;
- (c) Dissemination of information;
- (d) Giving advice, help and training to Community Representatives.

The Community Representative would be a liaison between the Clearing Committee and the people within the community. In the field of Health and Welfare the representative would be means of passing information both ways".

"To gain experience a pilot scheme has been started for nine villages in the north eastern corner of Kesteven. Community Representatives are being set up and in Metherringham the representative has organised the village into sectors with a Representative in each sector.

"The whole scheme which has now been started shows that there is very good co-operation between the Local Authorities and Voluntary Organisations in the County. The Secretary of the Community Council of Kesteven was asked to speak on the subject at the National Council of Social Service's Winter Conference for County Directors and Secretaries".

In preparing our 10-Year Plan we were advised that generally speaking our rate of growth of expenditure should not be more than $2\frac{1}{2}\%$ each year. With this in mind we worked on as realistic a basis as we could, limiting our proposals for staff increases and building projects to what we felt were practicable and could reasonably be implemented in the period in question. So far as staff is concerned, we felt that a further doctor would be required to deal primarily with the increasing specialised demands being made on us in connection with Mental Health. With the rise in the number of elderly people, small increase in the staff of nurses would be necessary. It was felt that provision should be made for more staff for the Ambulance Service to meet anticipated increasing demands due to the extended provision of hospital and in and out-patient facilities. So far as Mental Health is concerned, figures here will rise considerably as our new training centres and hostels come into use and provision for a small increase of field workers has been made. Similarly an increase year by year is envisaged in the Home Help Service to cope with the anticipated rise in demands for help from the elderly. Provision for minor adjustments in other branches of the service have also been made where considered necessary.

With regard to our building programme, we felt that our first need here was the hostel for mentally subnormal children at Grantham to work alongside and in conjunction with the junior training centre already in course of erection. Our other mental health projects include an adult training centre and hostel and possibly a hostel for the elderly mentally disordered and another junior training centre and adult hostel later on.

The provision of new health clinics are envisaged at North Hykeham and Grantham (in each case to cater for considerable new development going on in these areas) and also at Bourne to replace a not entirely satisfactory building. Extensions to existing clinics at Grantham and Stamford are planned and smaller type Maternity & Child Welfare Clinics are to be provided in the Deepings area and the new part of Stamford.

With the completion of our new ambulance station at Waddington our main building programme for this service has been completed. Minor extensions have been provided for in the plan should they prove to be necessary.

CARE OF MOTHERS AND YOUNG CHILDREN

INFANT WELFARE CENTRES:

Fifty one centres, including two weighing centres, were maintained by the Council at the end of the year. Two new centres were taken over during the year, these being at R.A.F. Langtoft and R.A.F. Waddington. Five of the centres were held at County Council clinic premises and forty six at rented premises such as village halls, church halls, etc.

Mention must again be made of the excellent work undertaken at the centres by members of the voluntary committees and their helpers, without whose aid it would be extremely difficult to carry out this important work.

Attendances at the centres continued to be good, as indicated in the following figures extracted from the attendance records, full details of which appear in Table IV on page 70 of this Report.

Total attendances:-

Children under 1 year	..	..	..	20,637	
Over 1 but under 2 years	..	..	..	5,263	
Over 2 years	..	..	..	4,819	30,719

Number of individual children who attended:-

Born in 1962	..	..	..	..	1,545	
Born in 1961	..	..	..	..	1,390	
Born in 1957-60	..	....	..	..	1,523	4,458

Number of children under 1 year who
attended for the first time 2,491

Number of consultations with medical staff .. 5,845

Number of weighings undertaken 29,443

Comparative figures for the last five years are given below:-

Year	Individual children who attended I.W.C.S	Total Attendances	Consultations with M.O.
1958	4,071	27,221	6,358
1959	4,363	30,004	7,364
1960	4,470	30,492	6,706
1961	4,461	30,651	6,738
1962	4,458	30,719	5,845

FAMILY PLANNING:

The two clinics in the County - at Grantham and Stamford - run by the Family Planning Association continued to be well attended. A small grant is paid to the Association by the County Council to assist with running expenses at these clinics.

Clinics at Lincoln and Boston serve mothers from our northern and eastern areas respectively so grants are also made to them.

CONSULTANT SERVICES:

The specialist service arrangements were as outlined in my earlier Reports. Brief details of the services available, together with particulars of the pre-school children seen under these arrangements, are given below.

Ophthalmic:

Clinic	Errors of Refraction		Other Eye Defects		Glasses Prescribed	
	New Cases	Re-inspect ions	New Cases	Re-inspect ions	New Cases	Re-inspect ions
Grantham	38	25	7	2	15	10
Stamford	5	3	-	-	2	2
Sleaford	10	20	-	-	3	3
Bourne	6	2	-	-	1	1
Lincoln	5	19	-	-	2	10
Totals	64	69	7	2	23	26

All the clinics referred to above, with the exception of that at Lincoln, are held at County Council premises. The clinic at Lincoln to which cases from the north of the County are referred, is a special clinic for children and is held at the County Hospital.

Orthopaedic:

Specialist clinics continued to be held at the Authority's premises at Grantham and Sleaford and 76 pre-school children (including 38 new cases) were seen by the Surgeons in attendance who held 161 consultations. In addition 2 cases were referred to orthopaedic out-patient departments at local hospitals. Regular treatment sessions for massage, remedial exercises, ultra violet light, etc., were held at the County Council's clinics at Grantham, Sleaford, Stamford and Bourne by the Council's physiotherapy staff who dealt with 60 pre-school children; these children made 1,280 attendances.

Ear, Nose and Throat:

Four children of pre-school age were seen as new cases by Mr. G.W. Morey at Grantham and Sleaford Clinics and all were found to need operative treatment for enlarged tonsils or adenoids.

We continue to have a very satisfactory working arrangement with the Lincoln County Hospital Audiology Clinic where the majority of our suspected deaf and partially hearing cases are referred, and a number of cases were sent there during the year.

We are also fortunate in being able to make use of the Leicester City Young Deaf Clinic which is attended from time to time by Professor Ewing of Manchester University, and one pre-school child was sent there during the year.

Paediatric:

With the approval of their respective family doctors, a number of children were referred to the paediatricians at local hospitals. Copies of the reports on their findings are received and follow-up visits by health visitors arranged where required.

Surgical:

One child was seen by the Surgeon at the Stamford and Rutland Hospital on account of a thyro-glossal cyst. Operative treatment at a later age was recommended.

SPEECH THERAPY:

Twenty five children were seen by Miss Wright at the County Council's clinics. One child found to be partially deaf was referred to the Audiology Clinic at Leicester where he was supplied with a hearing aid and trained in its use.

DENTAL TREATMENT:

The staffing situation in the County Dental Service deteriorated further with the death in January, 1962, of Mr.C. H. Edney, L.D.S., Dental Officer for the Grantham area.

The demands of the School Dental Service upon the dental staff make it impossible to carry out little more than an emergency service for the pre-school child and expectant and nursing mothers. It will be seen, however, from the table shown below, that the total volume of work provided for these classes was greater than in the previous year. This was made possible by the establishment of a dental service for the priority classes at the Royal Air Force Station at Waddington by arrangement with the Air Ministry, reference to which was made in last year's Report.

Particulars of cases dealt with during the year are as follows:-

(a) Numbers provided with dental care:-

	Examined	Needing Treatment	Treated	Made Dentally Fit
Expectant and Nursing Mothers	39 (3)	35 (3)	21 (3)	19 (3)
Children under five	71 (62)	55 (61)	46 (55)	19 (44)

(b) Forms of dental treatment provided:-

	Scalings and Gum Treatment	Fillings	Silver Nitrate Treatment	Crowns or Inlays	Extractions	General Anaesthetics	Dentures Provided		Radiographs
							Full Upper or Lower	Partial Upper or Lower	
Expectant and Nursing Mothers	- (-)	55 (11)	- (-)	- (-)	43 (-)	- (-)	- (-)	- (-)	- (-)
Children under five	- (-)	12 (8)	- (6)	- (-)	105 (163)	45 (52)	- (-)	- (-)	- (-)

Figures in parenthesis refer to 1961.

INSTITUTIONAL PROVISION FOR MOTHERS AND CHILDREN:

Reports on the circumstances of 252 expectant mothers referred for maternity beds on social grounds were submitted to the appropriate hospital authorities following home visits by the health visiting staff.

Arrangements were also made for 4 children under 5 years of age to receive hospital in-patient treatment for nose and throat conditions.

PREMATURE INFANTS:

During the year under review there were 151 live births assignable to this County of infants notified as weighing $5\frac{1}{2}$ lbs. or less at birth; 137 of these survived at least 28 days.

Thirty three were born at home (7 being subsequently transferred to hospitals on or before the 28th day) and 118 in hospitals.

There were 25 premature still-births, all of which took place in hospitals.

The scheme for the care of premature infants as outlined in previous Reports continued to operate without change.

PHENYLKETONURIA:

Brief details of the scheme for the routine testing for this condition of infants four to six weeks after birth were given in my Report for 1961. In April, 1962, all health visitors in the County were issued with the necessary equipment for testing together with instructions for its use. The health visitors were requested to send to the Health Department full details of any child showing a positive reaction so that the family doctor's consent could be obtained to the matter being referred to the appropriate paediatrician. The paediatricians concerned have very willingly agreed to see cases in which there is considered to be a positive reaction. At the end of 1962, 974 children had been tested, and there had been no positive reactions.

CONGENITAL ABNORMALITIES DUE TO THALIDOMIDE:

The drug Thalidomide ("Distaval") was withdrawn from the market by the manufacturers in December, 1961, because it was found that if taken in the first three months of pregnancy it could cause severe abnormalities in the foetus. In May, 1962, general practitioners and medical officers of health were advised by the Ministry of Health of the desirability of ensuring that any woman of child-bearing age who might have had thalidomide prescribed before its withdrawal should be warned not to take it in any circumstances, and to identify and follow-up any such patients.

In August, medical officers of health of local health authorities were requested to assist the Ministry of Health in their efforts to make as complete and accurate assessment as possible of the possible demands for special hospital facilities for babies born with congenital defects due to thalidomide, and the extent to which these had been met. To this end, local health authorities were asked to collect information concerning each baby with congenital deformity due or possibly due to thalidomide born alive in each of the years 1960 and 1961 and for 1962 up to the 31st August only, by which time it was thought that all the babies likely to have been affected by thalidomide would have been born. All babies with the characteristic reduction deformities of the limbs were to be included whether or not thalidomide was known to have been used. The following possibilities were to be taken into account when compiling the list of such babies:-

- (a) Absolute certainty that the drug was taken by the mother during pregnancy.
- (b) Reasonable probability but not amounting to certainty.
- (c) No indications that the drug was taken.

A questionnaire addressed to all family doctors in Kesteven and to paediatric and orthopaedic consultants concerned with Kesteven patients brought to light only one case coming within the scope of the enquiry, and arrangements for this child's special care have been completed.

CARE OF UNMARRIED MOTHERS:

The number of illegitimate live births assignable to the County in 1962 was 101, representing 4.0 per cent of the total live births recorded; comparative figures for 1961 were 81 and 3.5 per cent respectively.

The Council's arrangements for assisting unmarried mothers continued as in previous years. The Lincoln Diocesan Board for Social Work (formerly known as the Lincoln Diocesan Board of Moral Welfare) supplied the caseworkers who undertook domiciliary investigations and arranged where necessary for cases to be admitted to suitable homes. An annual grant is made to the Board by the County Council in recognition of the valuable assistance given.

During 1962, the Board's caseworkers in Kesteven dealt with 107 cases concerning illegitimate children and their parents. Sixty-one of these were new cases referred during the year and 46 were old cases continued from 1961.

The Organising Secretary for the Board, Miss E.M. Magness, in speaking in her Report for 1962 of casework in the Board's area says "...Unmarried parents and their children remain our chief responsibility.....The over-all percentage of mothers who place their babies for adoption remains about 40%. Approximately 56% of the mothers kept the babies in their own care. Only 4% went into the care of voluntary societies or local authorities. Thirty four of the mothers were sixteen or under when the baby was born (compared with 39 in 1961). Figures such as these are perhaps inevitably as dry bones to the reader, but in terms of human experience they represent hundreds of young people suffering deeply from unhappy disordered relationships which may adversely affect the rest of their lives. For the children so-born out of wedlock the future may be even more hazardous. Uncertainty and insecurity in early infancy may produce untold personality problems in the adult. Even the lovingly nurtured adopted child has in adolescence consciously to face the absence of his rightful blood ties and only those who have experienced this can know the suffering it can mean. There are no clear, direct, infallible rules for the case-worker to use as she seeks to counsel and guide those who come for her help. The problems are as diverse as the individuals who present them, and the future well-being of each person is inextricably bound up with the reality of the love and acceptance which he or she meets during the particular period of suffering and in the months of rehabilitation which follow. Where a family or group within the Christian community is prepared to accept a boy or girl, man or woman, who has experienced rejection they may be offering the only hope of healing to a wounded personality".

During the year the County Council undertook financial responsibility for the maintenance of two unmarried expectant mothers during their stay at the Board's Maternity Home (The Quarry) at Lincoln, and for thirteen others who were admitted to similar homes elsewhere.

The payment of a small annual grant is also made by the County Council to the National Council for the Unmarried Mother and Her Child in recognition of the useful work they undertake in co-ordinating and assisting all the services for unmarried mothers.

PROVISION OF MATERNITY OUTFITS:

These outfits which are purchased centrally are supplied through convenient distribution points to all the Council's domiciliary midwives for free distribution as necessary. Virtually all domiciliary cases now take advantage of this facility.

MATERNITY SERVICES:

The arrangements as outlined in my Report for last year for holding weekly mothercraft and relaxation classes in the five main centres of population in the County continued unchanged.

Details of attendances at these classes compared with those for the previous year (given in brackets) are as follows:-

				Mothers attending	Attendances
Stamford	..	..	..	81 (72)	698 (611)
Grantham	..	..	..	104 (115)	454 (488)
Sleaford	..	..	..	57 (60)	410 (377)
Bourne	..	..	..	25 (21)	175 (34)
North Hykeham	..	..	..	37 (15)	259 (75)
Totals				304 (283)	1,996 (1,585)

Miss E.M. Wright, Health Visitor, has again contributed a very interesting report on the activities of the class which she conducts at Stamford and this is given below:-

"The number of ante-natal mothers attending the Mothercraft Class during 1962 has again shown a slight increase over the previous year with a corresponding rise in attendances and of those attending there has been a rather higher proportion from adjoining Counties. For a short period at the end of the year it was necessary to hold two classes a week in order to cope with a sudden rush of enthusiastic 'mothers-to-be'.

"We have been very pleased to welcome several prospective foster parents to the mothercraft talks, this being entirely at their own request. Their questions and particular problems raised some very interesting points and proved an added stimulus to discussion.

"As in previous years the majority of mothers attending were booked for hospital confinements, there being only five domiciliary bookings. The district midwives, family doctors and hospital staffs are now most co-operative in bringing these classes to the notice of their patients, with the result that mothers are coming earlier in their pregnancies, thus gaining the maximum benefit from relaxation.

"From the mothers who come to the Infant Welfare Clinics with their babies, it is apparent that a rather higher proportion of those who breast feed have attended these classes; it might well be that they approach breast feeding with a very real desire to feed successfully, and with the knowledge to recognise in the initial stages, difficulties which may arise, and seek advice when it can be of most value.

"During the year there have been two showings of the film 'My True Account': and in September 'To Janet a Son' was shown for the first time. On each occasion an invitation was extended to all expectant mothers and the response was excellent - a reminder perhaps that visual aids can be a most useful complement to the spoken word, and very much an integral part of any programme of Health Education. Both these films are now regular features of the course.

"A reunion was held during March when about forty-five past members of the class met and watched two films - 'Troublesome Twos' and 'Fascinating Fours' - illustrating the mental and physical development of children during the second and fourth years of life. The ladies of the Voluntary Committee once again helped with the supervision of the babies, leaving the mothers free to enjoy their afternoon. This was followed by tea, when many old acquaintances were renewed, and experiences exchanged.

"In conclusion I would like to thank all who by their support help to make these classes so successful. Dr. Ellis Smith for his never failing advice and encouragement with any new venture; the Civil Defence Department who kindly provide and operate the projector for film shows; the mothers who entrust me with their young babies for the demonstration of bathing; and not forgetting, of course, the mothers themselves who by their keenness and appreciation do so much to ensure the success of the classes".

ANTE AND POST-NATAL CLINICS:

No ante-natal clinics are held at County Council premises but at doctors' surgeries. Where it is difficult for expectant mothers to attend surgeries the district nurse/midwife is usually able to help by providing transport. In the more isolated areas the ante-natal examination takes place at home, the doctor being accompanied by the district nurse. Regular examinations and discussions are held in the home by the district nurse/midwives. Post-natal clinics are also held at doctors' surgeries with the district nurse/midwife in attendance.

DAY NURSERY PROVISION:

The County Council's Day Nursery at St. Catherine's Road, Grantham, provides accommodation for 15 children under 2 years of age and 25 children between 2 and 5 years. Priority of admission is granted to children from families which fall within the following categories:-

(a) where the mother is the sole wage-earner;

(b) where there is sickness in the family or where there are home conditions likely to prejudice seriously the health of the child;

(c) where, in exceptional circumstances, it appears that admission is desirable in the interests of the child.

In the 2 to 5 years age group the average number of children on the register and average daily attendance were slightly less than in 1961.

Details of attendances, etc., throughout the year are given in the following table:-

	No. of children on register		Average daily attendance		No. of mothers whose children were on register	
	Under 2 years	Over 2 years	Under 2 years	Over 2 years	In whole-time employment	In part-time employment
January	15	28	12	20	36	5
February	15	28	13	20	37	5
March	16	27	14	21	39	5
April	16	27	15	24	39	5
May	16	25	13	22	37	5
June	17	30	13	21	40	3
July	18	26	15	24	37	2
August	15	25	13	16	37	3
September	16	28	13	16	41	2
October	17	29	14	26	44	4
November	15	28	12	25	43	5
December	16	28	12	23	37	5
Average for Year	16	27	13	21	39	4

NURSERIES AND CHILD MINDERS REGULATION ACT, 1948:

During the year, there was a steady increase of public interest in the requirements of the above Act. We have received a number of enquiries from persons who wish either to establish small private nurseries, or who wish to take children into their homes and become registered as child minders. Before a person can be registered as a child minder under the Act, it is necessary that the Council should be satisfied that they are in fact capable and responsible people who have a natural love for children, and in addition, it is necessary to be satisfied that the premises are suitable.

The one small private nursery for a maximum of 20 children, registered in 1959, continued in operation.

At the end of the year there were 4 registered daily minders in the County providing between them places for a maximum of 27 children. Our experience is that minders prefer not to take children under 3 years of age and to restrict their times to mornings only.

WELFARE FOODS SERVICES:

One new centre was opened during the year - namely at R.A.F. Langtoft, making a total of 65 distribution points in operation in the County at the end of the year.

This service continues to supply foods to hospitals and maternity homes at Sleaford, Grantham, Bourne, Stamford, Bracebridge Heath and Nocton, also to the Children's Homes and the Day Nursery.

It is noteworthy that 60 out of these 65 distribution centres are manned by voluntary helpers, many of whom give as much as 3 hours of their time at each session which are often held twice per month. In many instances these ladies have given their services unstintingly over the last ten years or so and we are most grateful to them all for their kind help. The very severe wintry weather experienced during the latter end

of the year made deliveries to the outlying centres extremely difficult. It is pleasing to report, however, that every distribution centre without exception opened at their scheduled times and met all demands made upon them.

Details of issues of welfare foods during 1962 and the comparative figures for the previous year are as follows:-

	<u>National</u> <u>Dried</u> <u>Milk</u>	<u>Cod</u> <u>Liver</u> <u>Oil</u>	<u>Vitamin</u> <u>Tablets</u> <u>A & D</u>	<u>Orange</u> <u>Juice</u>
1961	27,370	4,692	5,930	40,172
1962	25,709	2,309	3,210	23,244

The considerable drop in the sales of Cod Liver Oil, Vitamin tablets and Orange Juice is undoubtedly due to the increased charges for these commodities introduced by the Ministry in June the previous year.

M A T E R N I T Y A N D N U R S I N G H O M E S

One further nursing home (with 7 general beds) was added to the register during the year. With the other two homes continuing in operation there were at the end of the year 3 homes on the register providing a total of 28 beds.

Initial visits of inspections to these homes are carried out by myself, the County Health Inspector and the County Nursing Superintendent. The last-named then continues to make regular periodic inspections.

H E A L T H V I S I T I N G

The year began with a staff of 10 whole-time qualified health visitors out of an establishment of 14. One person appointed on a temporary basis left during the year and one qualified health visitor reverted to an appointment combined with district nursing and midwifery, her place being filled by the newly trained health visitor sponsored by the County Council, referred to in my Report for 1961. At the end of the year we thus had a staff of 9. Advertisements for staff continue to be made and in the meantime some limited help with certain routine duties has been obtained by two temporary appointments. These will be replaced as and when fully qualified staff become available, and in this connection we are hoping by mid-1963 to have the services of another newly trained health visitor who is at present undergoing training under the sponsorship of the County Council.

The number of nurse/midwives undertaking health visiting as part of their 'combined duties', remained unchanged at 21.

The following statistics relate to the home visiting undertaken by the Health Visiting staff during the year under review. Ineffective visits are excluded:-

Children under 1 year of age:	First visits	2,539.	Total visits	9,053
" aged 1 year and under 2 years:	"	"	"	5,131
" aged 2 but under 5 years:	"	"	"	7,826
(No. of children under 5 visited during year: 6,215).				
* Expectant mothers:	First visits:	95.	Total visits	157
Tuberculous households:			" "	377
Other cases (i.e. Care and After-Care, Infectious Diseases, etc):			" "	<u>1,094</u>
	Total home visits			23,638
Total No. of families or households visited				<u>5,544</u>

* excluding visits by District Nurse/Midwife/Health Visitors.

In addition to the above, Health Visitors were in attendance at Infant Welfare Centres and Clinics, details of which appear in other sections of the report.

Whole-time health visitors work very closely with the family doctors. By arrangement they visit their surgeries at regular intervals so that information can be exchanged about their patients and problems discussed. This is acknowledged to be of mutual advantage to both sides. Health visiting in a considerable part of the rural area of our County is, of course, undertaken by our nurse/midwives who are, generally speaking, in daily contact with doctors.

Cases due for discharge from hospital in need of after-care are referred to the County Nursing Superintendent who arranges for follow-up by health visitors as necessary. In an area such as Kesteven where the population is comparatively small the health visitors are often known personally to the hospital almoners and senior nursing staff and they frequently deal direct with each other in these matters.

Centenary Year:

Miss Wright, our Health Visitor at Stamford, has submitted the following interesting review of the work of the health visitor over the last century:-

"In reviewing the events of 1962, particularly those concerning the social services it is perhaps appropriate to recall that this year has marked the Centenary of Health Visiting. To make this an even more memorable year we have seen the passing of the Health Visiting and Social Work Training Act, which acknowledges not only the changing needs of this service, but the necessity for making the best possible use of the limited number of health visitors.

"Health visiting is a profession which has grown from small and humble beginnings, to one of some importance in the extremely complex age in which we live. Florence Nightingale might even have been said to be an advocate in this field, for she recognised the need for teaching the principles of health to people in their own homes.

"It is hard to realise in this era of progress that from the voluntary efforts of a group of worthy ladies in 1862 who worked to improve the poverty and misery of slum dwellers, has stemmed the Health Visiting service of today. The now large industrial cities of Manchester and Salford, were the first communities to receive the help of such workers - how proud they would be to see the results of their early efforts.

"At the turn of the century several London boroughs inaugurated milk kitchens where mothers were taught the essentials of infant care; and with the advent of the Maternity and Child Welfare Act in 1918, it became the responsibility of Local Authorities to provide a home visiting service for mothers with young children, this still being undertaken mostly by voluntary workers.

"The following year a form of training for such work was jointly agreed upon between the Ministry of Health and the Board of Education, and in 1925 this was again expanded. The passing of the National Health Service Act in 1948 extended the duties of the health visitor, and with it came the consequent revision of training schedules necessitated by new discoveries and ever changing ideas.

"Whereas in the past, a health visitor has been concerned almost solely with the care of mothers and children; the rapid developments of the last few years in social and community care have again resulted in a considerable widening of the scope of her work. This has now been extended to families

in which there are no children, to the mentally and physically handicapped of all ages, the elderly, and there are many more demands made in the field of mental health, in helping to promote healthy living and establish good personal relationships. Selective visiting is now the order of the day:- more time is spent on watching for the early signs of defect or abnormality and in giving guidance to families likely to present special problems. Her main concern is not only with the health of individuals in a family, but with the well being of the family as a whole, indeed with the health of the community at large.

"Health Education too takes considerable toll of a health visitor's time for it is this which forms the nucleus of all her work. What of the future? There would seem to be only one satisfactory answer - an increase in the number of health visitors commensurate with the increasing volume of work.

"The value of 'working together' is now recognised by all concerned with social service and this has brought about a close liaison with family doctors, hospital almoners, children's officers and many other specialised workers both in the statutory and voluntary services.

"More than ever can it be said 'The way to man's well being lies in the promotion of healthy living' and the health visitor must play her part in helping to provide every member of the community with such guidance as is needed to help them reach the highest mental, spiritual, and emotional plane of which each is capable".

M I D W I F E R Y A N D H O M E N U R S I N G

MIDWIFERY:

The number of midwives practising in the Authority's area at the end of the year was 84, of whom

46 were domiciliary midwives employed by the County Council
38 were employed by Hospital Management Committees

There were no midwives in private practice at the end of the year although five deliveries were undertaken privately during the year.

The number of cases attended during the year was as follows:-

Midwives	Domiciliary Cases	Cases in Institutions	Total
(1) Employed by County Council	705	-	705
(2) Employed by Hospital Management Committees	-	1,993	1,993
(3) In private practice during the year	5	-	5
TOTALS	710	1,993	2,703

For the second year in succession the number of confinements in the County has shown an appreciable increase. The proportion of hospital confinements (viz. 74%) was the same as the previous year.

The greater number of hospital confinements taking place gives rise to a need for a quicker turn-over of available beds, and an increased number of cases (502 compared with 467 the previous year) were discharged

home before the end of the minimum lying-in period of 10 days. These early discharges came under the subsequent care of our domiciliary midwives.

The increase in number of confinements naturally involved an increase in visits paid. These were 14,710, plus 7,427 ante-natal visits, giving a total of 22,137, compared with 20,523 in 1961. Miscarriages attended totalled 53 compared with 56 the previous year.

The number of cases in which medical aid was summoned by midwives under Section 14 (1) of the Midwives Act, 1951, totalled 78.- all domiciliary.

Other notifications from midwives were received as follows:-

Still-births	..	..	..	..	26
Liability to be source of infection	..			..	4
Deaths	..	..	..	..	Nil

The number of routine inspections of nurse/midwives carried out by the County Nursing Superintendent and her Assistant amounted to 28, plus 47 special visits.

ANALGESIA:

Of the 46 midwives employed by the County Council at the end of the year 45 were qualified to administer gas/air analgesia, and all 38 of those employed by Hospital Management Committees were so qualified.

The extent to which one or other of the various forms of analgesia was administered by the midwife or doctor in attendance at the domiciliary confinements was as follows, with the comparative figures for 1961 given in brackets:-

<u>Gas/Air</u>	<u>Trilene</u>	<u>Pethedine</u>
529 (647)	19 (10)	333 (281)

It will be seen that the use of the gas/air method is declining quite appreciably while that of the others is increasing. There is no doubt that the use of Trilene is becoming increasingly popular, although this is not immediately apparent from the small figures shown above. For the midwife the advantages are a much lighter and more compact apparatus and no heavy gas cylinder to transport.

This Authority considered it desirable to introduce the use of Trilene to a limited extent in the first place and three sets of apparatus were purchased and issued during the latter part of 1962. Because they have only been in use for such a short period the figures given in the table above can give no real indication of its likely future use. It should be mentioned here that six additional apparatus were purchased early in 1963 and it is the intention to add to these next year.

REFRESHER COURSES FOR MIDWIVES:

During the year 9 of the County Council's midwives attended an approved refresher course as required by the Rules of the Central Midwives Board. The Assistant County Nursing Superintendent attended a similar course arranged for senior staff.

PUPIL MIDWIVES:

During 1962 one pupil completed Part II midwifery training under the direct supervision of one of the County Council's midwives approved as a tutor by the Central Midwives Board. The number of pupils received by us for Part II training is dependent on the

availability of midwifery pupils from the Peterborough Maternity Hospital under our agreement with them and this is not necessarily a constant figure. This will explain why only one pupil was received in 1962 compared with two in 1961.

PERSONAL MATERNITY RECORD CARDS:

In 1961 the Lincoln and District Obstetric Advisory Committee, on which Kesteven is represented by myself and the County Nursing Superintendent, considered the advantages to be derived from the use of a standard type of maternity record card for all maternity patients receiving attention in the area covered by the Committee - advantages to patient, general practitioners, consultants, midwives and hospitals. It was decided to introduce such a record card and later that year supplies were made available to all doctors, midwives, etc. concerned.

The card, which is issued by the first person attending the patient (generally at the first ante-natal visit) is retained by the patient for presentation at every subsequent examination or treatment. It provides a record of all essential information which a doctor or midwife needs to have in order to give appropriate advice or treatment. A maternity patient leaving the area would take her card with her and thus be able to produce it to anyone attending her in her new area.

The value of the information given by such record cards is widely recognised and a number of other authorities throughout the country have adopted them in one form or another, but all varying slightly in design and the information recorded. This has possibly emphasised the need for uniformity and it is now known that the Ministry of Health is itself intending to introduce a uniform type of record card for use by general practitioners, local health authorities and hospital management committees throughout the country.

HOME NURSING:

No special comment is called for under this heading, the work following its usual pattern in which the main part of the nurses' time is devoted to the elderly and chronic sick. Approximately half of the cases attended were aged 65 or over and these patients received two-thirds of all the visits paid by the nurses; in fact, 419 patients, having prolonged nursing care, actually received 25,562 visits, an average of 61 each.

An analysis of the work undertaken during the year is as follows:-

<u>Type of Case</u>	<u>No. of Cases</u>	<u>No. of Visits</u>
Medical	1,671	32,904
Surgical	930	12,465
Infectious Diseases	10	47
Tuberculosis	13	559
Maternal Complications	35	313
Others	5	5
Totals	2,664	46,293

TRAINING OF DISTRICT NURSES:

The training of district nurses has been undertaken to a large extent by or through arrangements with the Queen's Institute of District Nursing by virtue of its Royal Charter of 1889, and the certificate given to successful candidates is officially recognised by the Minister of Health.

In 1957 a special advisory committee was appointed by the Minister to consider and report on the methods, duration, and syllabus of training of district nurses. Among the recommendations made by the Committee was that an official national certificate should be issued to candidates successful in passing the required examination at the conclusion of training.

By 1961 there were 6 counties and 35 county boroughs providing district training at 54 centres, under the supervision of the Queen's Institute, with an average of 700 students per year. There was at that time no such training centre in Lincolnshire and with a view to establishing one discussions took place between the three County Authorities and the Ministry of Health's Regional Nursing Officer. As a result of these discussions a scheme was drawn up for a special course of district training for those who are already qualified nurses, i.e. holding the S.R.N. certificate. The S.R.N. certificate is obtained from hospital training only; to fit a hospital nurse for work on the district different techniques and adaptability are called for and these can best be acquired by specialised training in district work.

The newly drawn-up training scheme for Lincolnshire came into operation in January, 1962. Each course consists of approximately twelve study days over a twelve week period, conducted by a panel of lecturers approved by the Ministry acting through the Queen's Institute, with an examination at the end of the course. Successful candidates obtain both the National Certificate and that issued by the Queen's Institute and in many cases qualify for a higher salary scale. It is pleasing to report that five of Kesteven's nurses attended the first course and all were successful in qualifying for the designation "Queen's Nurse".

It is intended to hold further courses from time to time, depending to a large extent on the number of trainees available being sufficient to justify courses being held. In this connection a second course began in January, 1963.

GENERAL:

Staff:

Miss Parker, Assistant County Nursing Superintendent, left us in July upon appointment to a Superintendent's post elsewhere. She had been with us about 13 years and I should like to pay tribute to her for the loyal and conscientious service she always gave.

Four Nurse/midwives left during the year and three appointments were made, leaving two vacancies to be filled, at Corby and Ropsley.

Housing:

No more houses were completed but a start was made on erecting one at North Hykeham. The number owned by the County Council therefore remained at 18, of which 14 had been specially built and 4 purchased.

Each succeeding year the cost of building has tended to increase and it is now comparatively expensive to build individual houses to a special plan. The County Council have therefore decided that in future when a house is required for a nurse consideration shall first be given either to purchasing an existing house or alternatively arranging with a builder, who may be developing an estate, to earmark one for a nurse, if necessary amending his plan slightly to suit our requirements. It is considered that the adoption of either of these alternatives might effect an appreciable saving when compared with the cost of erecting a specially designed house and there is no reason to think it would be any less suitable for a nurse.

With reference to the two vacancies for staff mentioned above, at Corby and Ropsley, it may be of interest to mention that in each district we already have a nurse's house and this was an important factor in enabling us to make appointments early in 1963.

Transport:

Five new cars were purchased in accordance with the replacement programme which has been in operation for some years, and on receipt of these a corresponding number of old cars were sold by public tender.

The total number of cars in the Nursing Service at the end of the year was:-

Cars owned by Kesteven County Council	32
Cars owned by Nurses	<u>23</u> (+ 1 auto cycle)
	<u>55</u>

V A C C I N A T I O N A N D I M M U N I S A T I O N

The Council's Scheme for Vaccination against Smallpox under Section 26 of the National Health Service Act as set out in the Annual Reports for 1948 and 1955 continued to operate without change. The Scheme for Diphtheria Immunisation continued as outlined in my Report for 1961, when the use of combined antigens was introduced.

Note: The figures in brackets in the various tables in this section are comparative figures for 1961.

SMALLPOX VACCINATION:

As will be seen from the following table giving details of persons vaccinated against Smallpox during 1962, the figures bear little relationship to those for previous years. It will be remembered that in late 1961 and early 1962 scattered outbreaks of Smallpox occurred in this country, and there was an unprecedented demand for vaccination. The Ministry of Health advised that the main emphasis was to be on blocking potential lines of spread, and that health staffs whose work might lead to exposure should be vaccinated. In Kesteven, a large proportion of the County's nursing, health visiting, ambulance and other field workers including child care officers and welfare workers were vaccinated as they were considered to be at risk on account of their numerous contacts with the general public.

In November, 1962, local health authorities were informed by the Ministry of Health that the Standing Medical Advisory Committee had recently reviewed the existing policy on routine vaccination against smallpox in the light of recent criticism, in which a suggestion had been made that routine infant vaccination should cease and that reliance should be placed upon the outbreak control measures to prevent the spread of infection from an importation of smallpox. The Standing Medical Advisory Committee concluded that there was no evidence to justify the suggestion that outbreak control alone would necessarily prove effective in an unvaccinated population, and advised the Minister that routine vaccination should continue in early childhood. In the light of present information, however, the Standing Medical Advisory Committee advised that smallpox vaccination should be offered to children during their first two years of life, but preferably during the second year. This recommendation superseded the previous one made in September, 1961, which advised vaccination against smallpox during the first two years, but preferably at 4 to 5 months.

The following table shows the number of persons vaccinated against Smallpox during 1962:-

Age at date of Vaccination	Under 1	1	2-4	5-14	15 or over	Total
No. vaccinated	447 (424)	708 (416)	788 (104)	2504 (72)	5223 (140)	9664 (1156)
No. re-vaccinated	5 (1)	7 (16)	79 (11)	807 (50)	4959 (198)	5857 (276)

DIPHTHERIA IMMUNISATION:

The following antigens became available to general practitioners as from November, 1961:-

Diphtheria/Whooping Cough/Tetanus in combination
Diphtheria/Tetanus in combination
Plain Tetanus
Plain Whooping Cough
Plain Diphtheria

In July, the Minister of Health, speaking at the annual lunch of the Royal Society for the Promotion of Health, made a strong appeal to local health authorities to raise the standards of immunity in their respective areas, and to make comprehensive plans for reaching as high a level of vaccination and immunisation as possible. In view of the Minister's request, in early September circular letters were sent to all family doctors practising in Kesteven, referring to the Minister of Health's appeal. The letter showed vaccination and immunisation rates for Kesteven in comparison with those for England and Wales and appealed for help in effecting an increase in the numbers of children protected. Copies of Ministry of Health poster IM. 1 were enclosed to all doctors for use in their Surgeries, together with a copy of Ministry of Health leaflet "These Diseases Can Kill", which doctors were offered in bulk if required. A similar letter was sent to all Health Visitors, with supplies of the leaflet for use during their visits to parents. Copies of the poster have been displayed in our Clinics.

In December, a circular letter addressed to parents was distributed by Health Visitors through all primary schools in Grantham, drawing their attention to the risks from Diphtheria and Tetanus, and offering primary immunisation or boosting doses where necessary, to be given in the schools by family doctors or school medical officers. Similar arrangements are being operated through a number of primary schools in a rural area covered by a large general practitioner group, and it is intended to extend the system to cover the greater part of the County in early 1963.

The table below, based on the forms of return required by the Ministry of Health, shows the number of children who completed a full course of primary immunisation, or who received a secondary or reinforcing injection during 1962:-

	CHILDREN BORN IN YEARS							Total
	1962	1961	1960	1959	1958	1953-1957	1948-1952	
No. of children who completed a primary course of immunisation	518	942	157	53	38	133	62	1,903 (2,607)
No. of children who received a secondary or reinforcing injection	-	36	29	9	30	597	199	900 (1,438)

WHOOPING COUGH VACCINATION:

The following table shows the number of children who completed a primary course of vaccination (either singly or in combination) during the year:-

	CHILDREN BORN IN YEARS							Total
	1962	1961	1960	1959	1958	1953-1957	1948-1952	
No. vaccinated with combined vaccine	516	936	151	46	26	90	25	1,790 (2,105)
No. vaccinated with plain vaccine	-	1	-	-	-	-	-	1 (120)
TOTAL	516	937	151	46	26	90	25	1,791 (2,225)

POLIOMYELITIS VACCINATION:

On the 1st February, 1962, in Circular 3/62, the Ministry of Health announced the availability to local health authorities of live attenuated poliovirus vaccine ("Sabin" vaccine) for oral administration in the routine vaccination of persons over six months and under forty years of age, and certain others at special risk as listed in my report for 1961. The inactivated poliovirus vaccine ("Salk" vaccine) would still be available for use, if required, as long as it could be obtained. The recommended course of the new oral vaccine consists of three doses, each of three drops, given at intervals of four to eight weeks and may be taken on sugar lumps or in syrup.

Certain administrative difficulties arose initially in using this vaccine. The storage requirements were very rigorous, as the vaccine had to be placed in "deep freeze" storage (i.e. 5°C or below) to maintain it in a frozen state until issued for use. The vaccine had to be packed in special insulating containers supplied by the Ministry of Health for transit to family doctors, who were required to maintain the vaccine in a domestic type refrigerator at a temperature of 0° to 4°C. Under the latter conditions the vaccine had a life of one month. In spite of these requirements, it is pleasing to record that almost all family doctors in the County participated in the new scheme from its commencement, and I would like to record my appreciation of the co-operation which they have given.

The storage requirements for the oral vaccine became progressively less rigorous as the months passed and the first supply of a new stabilised vaccine, which retained its potency in an unfrozen state at

a temperature not exceeding 10°C for a period of six months was received at the end of July. This type of vaccine is in use at the time of writing this Report.

The following is a summary of cases dealt with since the scheme commenced in 1956:-

Group	No. of persons vaccinated with 2 injections at 31.12.61.	Numbers of persons who received during 1962:-		Total No. vaccinated with 2 injections or 3 oral doses at 31.12.62.
		2 injections of Salk vaccine	3 doses of oral vaccine	
Children and young persons born in the years 1943 to 1962	31,363	938	790	33,091
Young persons born in the years 1933 to 1942	8,366	293	140	8,799
Others	9,147	472	197	9,816
Totals	48,876	1,703	1,127	51,706

Number of persons having had two injections who received a third injection or a boosting dose orally during 1962 5,556

Total number of persons who at 31.12.62. had received two injections plus a third injection or a boosting dose orally 45,323

Number of children aged 5 to 11 years inclusive who received a fourth injection or a boosting dose orally during 1962 2,451

Total number of children aged 5 to 11 years inclusive who at 31.12.62. had received three injections plus a boosting injection or dose 11,791

A M B U L A N C E S E R V I C E

A total of 65,933 patients carried involving a mileage of 562,955 miles indicates that once again the Ambulance Service has had a heavy year. These figures represent an increase of 5,656 patients (9.38%) and 31,603 miles (5.94%) over the figures for the previous year, the average number of miles per patient carried showing once again a slight downward trend at 8.54 against 8.81 in 1961.

As will be appreciated statistics alone do not by themselves give a picture of the day to day work carried out. The expanding work of the service is inevitably shown to some extent by the constant yearly increases in patients carried and miles run, but to appreciate to the full the demands on the service it is necessary to spend a few hours at the County Control or one of the larger stations where records must be kept, messages recorded accurately and full and economical deployment of vehicles and personnel effected. The operational staff do an extremely good job, often under difficult circumstances. Complaints, each one fully investigated, have been exceedingly few and it is always

pleasant when not infrequently letters are received expressing appreciation of the services rendered by the personnel.

The Health Committee decided to introduce twenty four hour manning of the County Control at Sleaford with effect from the 1st September, 1962. It was arranged, in conjunction with the telephone authorities, to route all emergency calls from the area of the County covered by the directly provided service (with the exception of the Stamford area where at present such arrangements are not technically possible) to the control centre. This has obviated the necessity for a driver to be on duty at other stations solely to answer the telephone and has resulted in co-ordination of the deployment of available resources at nights and weekends when only skeleton staff is available. These arrangements will be extended to the North Kesteven area when the service is extended in April, 1963. Work on the new Ambulance Station at Waddington and the general arrangements for taking over the service there were well in hand at the end of the year.

In view of the almost non-existent margin of staff over need, it is fortunate that the health of members has remained reasonably good. The fitness of men for work is a matter that must inevitably give cause for concern, as the average age of the staff becomes higher. At present training can generally only be given outside duty hours and this question will require careful consideration in the near future when details of the developments to be brought about by the National Hospital Plan and the proposed re-organisation of the accident and casualty services are available for consideration.

A detailed summary of the work carried out by the Service during 1962 appears on page 36.

VEHICLES:

Two new Morris Wadham large dual purpose ambulances, two light dual purpose ambulances and one small sitting case ambulance were put into service during the year under the replacement programme. The total number of vehicles in service as at the 31st December, 1962, remained unchanged at 22, consisting of 12 large dual purpose ambulances, 5 light dual purpose ambulances, 4 small dual purpose sitting case ambulances, and one sitting case car.

Vehicles and equipment are kept constantly under review and modifications suggested by experience are made as the opportunity occurs. Experiments made elsewhere are examined carefully but whilst in general equipment is tending to become stereotyped the advantages of one particular type in one area do not necessarily apply in another.

STAFF:

(a) Control Staff:

Consequent upon the decision to operate a twenty four hour control at the County Control at Sleaford the Health Committee authorised increases and re-designation of staff to provide suitable cover, the authorised establishment being as follows:-

1 Senior Control Officer
5 Control Assistants

(b) Driver/Attendants:

The authorised establishment of driver/attendants remained at 27 throughout the year and their distribution remained as stated in my Annual Report for 1961.

(c) Voluntary Attendants:

Arrangements for volunteer attendants to be available on a rota basis by agreement with various voluntary societies and individuals have continued throughout the year. The Service remains indebted to those individuals and the members of the under-mentioned organisations who, often at short notice, have continued to render such valuable assistance:-

BOURNE

British Red Cross Society
St. John Ambulance Brigade

GRANTHAM

British Red Cross Society

SLEAFORD

St. John Ambulance Brigade
Sleaford and District Voluntary
First Aid and Ambulance Unit

STAMFORD

Nursing Section - St. John Ambulance
Brigade
British Red Cross Society (Rail
journey escorts).

SERVICING AND REPAIRS:

With certain exceptions for work of a minor nature vehicle repair and maintenance has continued to be carried out by staff of the County Council's Central Repair Depot at Grantham to whom I am indebted for their help and assistance with special problems.

STATISTICS FOR THE YEAR 1962:

A. Directly Provided Service:-

	Ambulances		Sitting Case Vehicles		Totals	
	Miles	Patients	Miles	Patients	Miles	Patients
SLEAFORD	100853	11198	73062	6371	173915	17569
GRANTHAM	78714	14959	52769	5026	131483	19985
BOURNE	30452	3078	46695	3925	77147	7003
K.C.C. STAMFORD	43373	5886	20931	1981	64304	7867
K.C.C. AGENCY	16429	1720	11155	1253	27584	2973
TOTALS	269821	36841	204612	18556	474433	55397

Average Miles per Patient 8.58.

B. North Kesteven and Parts of East Kesteven Agency provided by the Lincoln Corporation:-

The following statistics relating to patients carried by the Vehicles of the Lincoln City Ambulance Service under the joint scheme have been provided by the Lincoln City Health Department:-

Ambulances		Sitting Case		Totals	
Miles	Patients	Miles	Patients	Miles	Patients
24552	2535	63970	8001	88522	10536

Average Miles Per Patient 8.40.

C. Summary for Whole Service:-

Ambulances		S/C Vehicles		Totals	
Miles	Patients	Miles	Patients	Miles	Patients
294373	39376	268582	26557	562955	65933

Average Miles Per Patient 8.54.

P R E V E N T I O N O F I L L N E S S , C A R E
A N D , A F T E R - C A R E

TUBERCULOSIS:

As I reported last year our health visitors attend at all the chest clinics serving patients from the area thus maintaining the necessary contact with the chest physicians treating the patients. The working arrangements between the chest physicians and the staff of the County Health Department generally ensure as far as possible that cases in need of help and advice from a sociological point of view are seen by the health visitors and are followed up if necessary in their homes. Home visits are quite naturally decreasing owing to the fall in the number of cases and to the rise in the standard of living generally.

Dr. H.G.H. Butcher, the Chief Medical Officer of the Central Lincolnshire Chest Unit, has kindly submitted the following report:-

"The work of the Chest Clinic has altered considerably in the course of the last 15 years; the decline in the extent of Tuberculosis has led naturally to fewer new cases with this disease being seen and in consequence to a reduction in the number of attendances of people suffering from it. However, the attendances are maintained by an increase in the number of cases suffering from Bronchitis, Bronchiectasis, Asthma, Cardiac Failure, and Carcinoma of the Lung, not to mention seeing those people who have had an acute Respiratory illness and whose doctors wish to be sure that they have completely recovered before they return to work. This change in the type of case attending the Chest Clinic has made the work for all concerned much more interesting.

"What the future holds for Tuberculosis it is difficult to say; in theory as the present middle age and old people suffering from active disease die off (as they will in the next 10 to 20 years) and as all school leavers get inoculated with B.C.G. then Tuberculosis as a disease should continue to decline steadily. But whether the actual happenings will fit in with the theoretical is problematical. The only thing that can be done to aid this is to follow up energetically every possible contact not only of each new case but in particular of any young children found to be Mantoux positive.

"In the latter context the possibility of Mantoux or Heaf Testing all five year old school entrants might well be considered if staff were available".

B.C.G. VACCINATION:

The vaccine used to give protection against tuberculosis is known as B.C.G. (Bacillus Calmette - Guerin). This form of protection is the same in principle as, for instance, smallpox vaccination, where the aim is to produce in the human body an artificially acquired resistance to the disease by injecting its causal organism in a form which does not cause active development of the disease itself.

All children of known cases of tuberculosis, negative to the tuberculin skin test, are vaccinated with B.C.G. In these cases the treatment is undertaken by the Chest Physicians as part of the clinical service to the patient and close contacts. During 1962, 91 children were skin tested by the Chest Physicians and 77 gave a negative reaction. All these received B.C.G. vaccination, together with 5 others who, on account of their age, were vaccinated without first receiving the skin test. Comparative figures for the previous three years are as follows:-

	<u>Tested</u>	<u>Negative</u>	<u>Vaccinated</u>
1959	192	146	103
1960	151	120	105
1961	135	118	109

The scheme for B.C.G. vaccination of older children as a routine measure commenced in Kesteven in 1959 and now extends to school children of approximately 13 years of age and upwards and students attending further education establishments. Vaccination sessions are as far as possible arranged to correspond with periodic medical inspections in schools, but the procedure of tuberculin skin testing, followed about one week later by reading of the tests and vaccination where necessary, cannot always be carried out without causing some disturbance to school routine, and our thanks are due to head teachers and their staffs for their help and co-operation.

The following are details of the work carried out under the scheme during the year:-

	No. skin tested	Of those tested		
		No. positive	No. Negative	No. Vaccinated
School children	2,491	390	1,996	1,959
Further Education students	15	5	10	10
Total	2,506	395	2,006	1,969

MASS RADIOGRAPHY:

The Lincolnshire Mass Radiography Unit carried out a survey at Sleaford in January, 1962. Details of attendances are as follows:-

	<u>Total</u>
No. X-Rayed on miniature films	1,071
No. recalled for large films	19
No. recalled for clinical examination	-
No. referred to Chest Clinic	5
No. referred to own doctor	-
No. of cases of Pul. Tub. Active:	
Immediate treatment	1
Occasional supervision	1

The East Anglian Regional Hospital Board's Mass Radiography Unit carried out surveys at two large industrial concerns in the area in February and March, 1962, respectively. At one 236 attended giving an attendance rate of 74% of the potential; of these, 160 were domiciled in Kesteven. No cases of active tuberculosis or lung cancer were found. At the other there were 799 attendances giving an attendance rate of 60%. This figure is well below the usual response obtained from industry and has fallen 17% below the figure obtained at the first survey in 1953. Of the 799 who attended, 674 were Kesteven residents and no cases of active tuberculosis or bronchial carcinoma were found at this survey.

In addition, this unit carried out a survey in Stamford from 2nd to 23rd July, 1962, when a total of 3,516 persons (1,808 males and 1,708 females) were examined. Of these, 2,746 came from Kesteven. Four persons, two males and two females, were newly discovered cases of tuberculosis requiring treatment and two males and one female were found to have tuberculosis requiring occasional supervision at a chest clinic.

GENERAL:

At the commencement of the year two sleeping shelters were on loan to tuberculous patients. One shelter was withdrawn during the year as it was no longer needed by the patient concerned. Forty-five patients considered by the Chest Physicians to be in need of extra nourishment were provided with free liquid milk.

One patient, maintained by the Nottinghamshire County Council on this Authority's behalf, remained in employment as a Settler at the Sherwood Village Settlement. Consistently satisfactory reports have been received, although the patient requires constant medical supervision and treatment.

During the year two patients who were being nursed at home received assistance under the County Council's Home Help Scheme.

It is the policy of the Authority to arrange for the x-ray examination of home helps who are assigned for duty with families where tuberculosis is present in the household. Three such home helps were x-rayed during the year.

The Council's medical staff undertook the medical examination of 81 entrants to teachers' training colleges and 10 entrants to the teaching profession as required under Ministry of Education Circular 249. Persons in the former groups are required to be X-rayed prior to the completion of their training while those in the latter group, e.g. the occasional relief teacher or person coming directly from university, have to undergo X-ray examination before appointment to teaching posts.

MENTAL DISORDER:

Reference to the community care work undertaken amongst persons suffering from mental disorder appears on page 48 of this Report in the section dealing with the Mental Health Services provided by the Authority.

ILLNESS GENERALLY:

When requested by general practitioners, hospitals or other agencies, the County Council continued to assist under their scheme, patients being nursed at home or after discharge from hospital.

During the year 13 patients (6 male and 7 female) were sent to a recuperative convalescent home under arrangements made by the County Council.

The Voluntary Laundry scheme, to which detailed reference has been made in previous reports, continued to give very valuable service to elderly incontinent persons, etc., in the Deepings area.

Towards the end of 1961 the Lincoln and District Marriage Guidance Council was re-formed. In addition to Lincoln City parts of the adjoining areas of Lindsey and Kesteven are being covered by the Council. An annual grant is being made to the Council to assist them in the valuable work they are undertaking.

NURSING EQUIPMENT AND APPARATUS:

There were no changes in the Council's arrangements, as outlined in previous Reports. Each District Nurse has an ample stock of the smaller items of loan equipment, while the British Red Cross Society and the St. John Ambulance Brigade who administer the Medical Loan Depots on behalf of the County Council have, with the aid of grants from the County Council, continued to add to their own comprehensive stocks of articles. The following statistics for the year give some indication of the valuable work (increasing from year to year) which these Depots are undertaking:-

Depot	No. of issues made	No. of individual cases who benefited
Bourne	82	54
Grantham	573	407
Stamford	264	210
Sleaford	542	320
Totals	1,461	991

Dental: Fluoridation of Water Supplies:

In July, 1962, the Ministry of Health, the Scottish Office, and the Ministry of Housing and Local Government published jointly the report "The Conduct of the Fluoridation Studies in the United Kingdom and the Results Achieved after Five Years". It describes the studies which are being carried out at Watford, Anglesey, and Kilmarnock and their respective control areas into the effect on the incidence of dental decay of adding fluoride to the public water supplies.

Fluoridation of public water supplies at a level of 1 part per million had been shown in other countries to reduce the incidence of dental decay substantially and no other method of prevention has yet been shown to be as effective.

Research on the effect of naturally fluoridated water upon the teeth had previously been undertaken in Kesteven in 1952 by Dr. Chalmers Clarke who showed that in the Deeping St. James area where the water was naturally fluoridated at 2.5 parts per million there was a reduction in the amount of decay present in the children's teeth of the order of 60-65 per cent as compared with the teeth of children in control schools who were drinking water containing little or no fluoride.

The Health Committee gave preliminary consideration to the Report at their meeting in October but decided that they must await some lead from the Ministry of Health before deciding on a course of action.

On the 14th December, 1962, the Minister issued circular 28/62 to local health authorities informing them that he was now ready to approve under Section 28 of the National Health Service Act, 1946, the making of arrangements with water undertakers for the addition of fluoride to water supplies which are deficient in it naturally. Under this arrangement the cost (approximately 10d. per year per head of population) would have to be borne by the Local Health Authority under Section 28 of the National Health Service Act, 1946.

This circular was considered by the Health Committee in January, 1963, and being convinced that fluoridation of water supplies was a valuable public health measure of preventive dentistry they resolved to recommend the County Council to approve arrangements being made for water supplies in the County to be so treated. The County Council accepted the recommendation and a proposal was submitted to the Ministry of Health accordingly.

HEALTH EDUCATION:

Our medical and nursing staff continued to devote as much time as possible to giving talks and taking part in discussions on health matters at schools, welfare centres, Women's Institute and parent/teacher association meetings, etc. In this connection increasing use is made of the excellent visual aid material now available from official and commercial sources. Much use too is made of health education publicity material available from the Ministry of Health, the Central Office of Information and the Central Council for Health Education. The County Council makes an annual grant to the last-named organisation which is the only one of its kind recognised by the Ministry of Health. Copies of the Central Council's monthly journal "Better Health" are sent to our health visitors and voluntary workers attached to infant welfare centres.

With more and more stress being laid on the importance of education in home safety our staff are dealing increasingly with this subject in their talks to the public. In this connection much useful information and material are obtained from the Royal Society for the Prevention of Accidents to whose Home Safety Section our Authority is now affiliated.

In February a copy of the film "External Cardiac Massage", on loan to the County Ambulance Service, was shown at Stamford, Grantham and Sleaford. Family doctors in the area were invited to see this film.

In connection with the efforts being made by both Central and Local Government in connection with the promotion of road safety training to children under school age, arrangements were made by the police superintendents in the County for their policewomen to visit the Infant Welfare Centres to give talks and have friendly discussions with the mothers in attendance. This was part of the County Road Safety Committee's campaign to encourage the formation of "Tufty Clubs".

Dr. H.A. Cole, Consultant Psychiatrist and Medical Superintendent of Rauceby Hospital, kindly gave a talk to our health visitors and district nurses on the clinical aspects of Mental Health; a very full discussion followed the talk and many questions were dealt with by Dr. Cole

After our health visitors commenced the routine testing of infants for phenylketonuria, a number of enquiries were received about this disease. The manufacturers of the material used for these tests produced a very informative leaflet on the subject, and copies were obtained for all health visitors.

In view of the importance of the early ascertainment of deafness in children arrangements were made for our health visitors, district nurses and other members of the staff concerned to attend a talk on "Deafness in Children" kindly given at our Grantham Clinic by Dr. Kathleen Shaw, Senior Medical Officer, Leicester City Health Department.

Parts 1,2 and 3 of the filmstrip "Normal Delivery" were purchased for use by the medical staff. The following films were borrowed for short periods for screening in connection with the preparatory arrangements for a programme of sex education in schools:-

"Growing Girls"
"A Brother for Susan"
"How We Begin"
"Biography before Birth"
"Preparation for Parenthood"

SMOKING AND CANCER OF THE LUNG:

Ministry of Health Circular 6/62 and Ministry of Education Circular 3/62 drew attention to the Report on "Smoking and Health" published at the commencement of the year by the Royal College of Physicians, which assesses the evidence about the relationship of smoking and health, and concludes that cigarette smoking is a cause of lung cancer and bronchitis, and probably contributes to the development of coronary heart disease and various other less common diseases. One of the recommendations is that there should be more education of the public, and especially school children, concerning the hazards of smoking. Another is that general discouragement of smoking, particularly by young people, is necessary. The Minister of Health therefore requested local health authorities, through their channels of health education, to increasingly emphasise the hazards of smoking, to make the conclusions of the Report widely known, and to bring home to the public the dangers to health of smoking, particularly of cigarettes. Publicity material was being prepared and would be offered to authorities free of charge.

In pursuance of the Minister's requests the following action was taken:-

The Director of Education addressed a letter to the Heads of all educational establishments in the County in which he drew particular attention to the following paragraphs from the Ministry of Education Circular:-

"Success in any campaign to reduce smoking among school children depends on many factors; chief among them are what kind of example adults are prepared to set and how effectively the dangers of smoking are brought home to children in the schools".

"Since a good example is of paramount importance in dealing with children, the Minister hopes that teachers and non-teaching staff, as well as visitors to the schools, will not smoke anywhere in school in front of children and that every opportunity will be taken to secure the support of parents in discouraging smoking by their children".

The Director also expressed the view that he felt sure that all teachers and County Council staff visiting schools would recognise the wisdom of the Minister's request and would act accordingly.

Supplies of posters, specially prepared and issued by the Ministry of Health were obtained for display in County Council clinics, the County Offices, County Libraries and mobile libraries, and for use by district councils within the County; the latter also assisted by distributing supplies to parish councils who promised to help in the campaign. Copies were also distributed selectively by the Director of Education to secondary schools and further education establishments.

In June the Director of the Central Council for Health Education informed all local authorities of a proposal to place at their disposal two mobile units to assist in "Smoking and Health" campaigns. The units would be manned by trained male university graduates and equipped with film projection and tape recording equipment and a public address system. The Health Committee subsequently gave approval in principle to the County Council participating in the publicity campaign organised by the Central Council for Health Education and to the use of the mobile units in that connection, subject to general agreement with the Director of Education and the Headmasters of senior schools concerned. It is anticipated that arrangements will be made for the use of the mobile units within the County during the latter part of 1963.

Apart from the action mentioned above, the medical and nursing staff of the County Health Department continue to take every opportunity they can in their visits to schools, welfare centres, youth clubs, etc. to press home the dangers of smoking. In this connection, Dr. Ellis Smith, Assistant County Medical Officer in the south of the County reports as follows:-

".....I have taken every opportunity for the past four or five years locally to place the established facts of the risks attendant on smoking, before the public."

"In general I do not think that there are many adults unaware of this association between smoking and certain diseases, but the habitue is deaf to argument."

"Accordingly I think the campaign must be directed to the twelve year olds as to leave it much later is to leave it too late for they will already have started to follow adult example. Frankly this is the only mass campaign which seems to me to be really worthwhile at the present time and under present circumstances. Even this drive will require a high degree of anti-smoking discipline on the part of all the school staffs and all associated with the project".

B L I N D P E R S O N S

The following information relating to blind persons in the County, supplied by the County Welfare Officer, has been included in this report at the request of the Ministry of Health.

The table below gives details of blind and partially sighted persons on the County Council's register during the year ended 31st December, 1962:-

	(i) Blind	(ii) Partially- sighted
(a) Registered at 1st January, 1962	301	91
(b) New registrations during the year	35	15
(c) De-certified cases re-registered	-	-
(d) Deaths	39	8
(e) Transfers to other areas	1	2

	(i) Blind	(ii) Partially- sighted
(f) Transfers from other areas	5	1
(g) Transfers from blind to partially-sighted category included in (b) (ii) above)	-	-
(h) Transfers from partially- sighted to blind category (included in (b) (i) above)	-	3
(i) Recovered sight	7	2
(j) Registered at 31st Dec. 1962	294	92

The age groups of the persons newly registered during the year were as follows:-

0 to 15 years	.. .. .	-
16 to 59 years	.. .. .	5
60 to 69 years	.. .. .	7
70 to 79 years	.. .. .	23
80 years and over		15
Total		<u>50</u>

The proportion of newly registered persons aged 60 years and over represents 90% of the new registrations as against 76% in the previous year. It will be noted from the table below that in 32 cases registered during the year no treatment was recommended by the certifying ophthalmologists. The high proportion of elderly persons is undoubtedly the explanation for this.

(i) Number of cases registered during the year in respect of which para. 7(c) of Forms B.D. 8 recommends:-	Causes of Disability			
	Cataract	Glaucoma	Retrol- ental Fibro- plasia	Others
(a) No treatment	1	4	-	27
(b) Treatment (medical, surgical or optical)	12	-	-	6
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment	12	-	-	6

OPHTHALMIA NEONATORUM:

No case of this disease was notified in Kesteven under the Public Health (Ophthalmia Neonatorum) Regulations, 1926/37, during the year.

HOME HELP SERVICE

The Home Help Service continued to operate satisfactorily during 1962. As will be seen from Table VI, which appears on p. 77 the total number of cases dealt with was 762 compared with 766 the previous year. There was, however, an increase in the number of maternity cases covered, namely, 50, compared with 36 during 1961. This increase occurred in the Grantham and North Kesteven areas, and in the latter area the increase was particularly evident in North Hykeham.

So far as chronic sick cases were concerned, there was an increase in those under 65 years of age but a reduction in those over this age. Possibly a contributing factor to this was the referral

by family doctors of cases in earlier stages when a small amount of help would support the household and prevent further difficulty occurring.

An important branch of our work concerns the short-term illness cases and during the year 41 of these were covered. This category includes mothers of small children, problem families and the mentally subnormal.

The District Supervisors continue to maintain a very close liaison with the family doctors, hospitals and voluntary and statutory social services.

The hours of home help used throughout the County were again reduced and this brought about a substantial decrease in the cost of the Service without causing undue hardship to any of the cases dealt with. This reduction has been brought about by the employment of all of our three District Supervisors on a full-time basis, whereas at one time only one of the three was so employed. They all now have more time for supervision and movement of help to where it is most needed, thus obviating any wastage of help. During the year Mrs. E.A. Dean and Mrs. M. Shelford, our District Supervisors for the northern and southern areas of the County respectively were given financial assistance and time off to attend a six months' day release course at the Loughborough Technical College to study for the Diploma of the Institute of Home Help Organisers. Both were successful in obtaining the Diploma.

HOME HELPS:

At the end of the year there were 194 home helps (all part-time) employed in the Service. The hours worked totalled 121,138 during the year. The majority of these helps are regularly employed each week and they receive two weeks' annual leave. Their pay is made up (where appropriate) when they are on sick leave and can produce a medical certificate. Their hours of work vary according to the needs of the Service and they are not guaranteed any regular weekly wage. During the year 40 home helps left and 51 new staff were appointed. A number of helps have been with the Service for many years, especially in the towns and larger villages where more regular work has been available; several of the helps joined the Service when it started in 1948.

A pilot scheme for training 12 home helps was arranged at Grantham College for Further Education; this ran from September to December. The course consisted of 12 lectures held at weekly intervals and included practical instruction in cookery, laundry and household cleaning. It was a great success. It encouraged the helps and was instrumental in bringing about an improvement in the standard of their work. It is proposed to extend the scheme to the rest of the County in due course and to make it a regular feature of the Service.

RURAL AREAS:

The covering of cases and obtaining suitable home helps in the rural areas is still a most difficult task, and much of the Supervisor's time is spent in recruiting suitable labour when the need arises. The main difficulties occur in the scattered small villages in the more remote areas, and some villages still have no home helps readily available. The lack of public transport is a problem in these areas and helps able to provide and use autocycles are paid the appropriate mileage allowance. In particularly remote areas if a help with a car is available she too is paid a mileage allowance in approved cases.

The following statement shows the distribution of cases in the rural areas at the end of the year and the coverage at that time by the home helps available:-

West Kesteven

29 cases. 17 home helps.
In 9 cases help was having to be sent from Grantham.

East Kesteven

55 cases. 22 home helps.
In 7 cases help was having to be sent from Sleaford.

North Kesteven

61 cases. 28 home helps.
In 12 cases help was having to be sent from the larger villages to the remote villages where no help is available.

South Kesteven

39 cases. 21 home helps.
In one case help was being sent from Stamford.

PROBLEM FAMILIES:

The work of our service in connection with problem families is increasing and this is due to the recently established Co-ordinating Committees in the County requesting the services of home helps to support them in their work. In these cases the home help can sustain the family by assisting the mother with her household tasks, training the children and helping in general to raise the standard of the household. Experience shows that in this way further deterioration of the home conditions can often be averted but the degree of improvement depends very much on the response of the family itself. Where parents are inclined to be retarded we try to ensure that home help is given over a sufficiently long period to provide the children not only with the care they need materially and at the same time might benefit by receiving training in the elements of housecraft and general social behaviour but also to give them a working knowledge of housecraft and an insight into good social behaviour. The home helps who have been asked to tackle this rather onerous work have responded well and have given many useful hours of work in these homes where, had there been no such service available, children might have had to be taken into care.

NIGHT ATTENDANTS SERVICE:

There are still very few calls made on this service, and perhaps this is because this part of our work is less known, although doctors, officials and social workers are reminded from time to time of its existence. It is, however, extremely difficult to obtain suitable women for this work as the only ones who seem willing to help are spinsters and widows with no family responsibilities.

VOLUNTARY SERVICES:

The help given to the service by voluntary organisations is greatly appreciated; especially valuable is the "Meals on Wheels" service, whose help in providing meals for old people greatly assists this service. The women who deliver the meals are an additional source of contact with the aged as they bring to our notice those who need our services and those whose condition has deteriorated through sudden bouts of illness.

We have recently been able to call on members of the W.V.S. to help prepare the home for patients discharged from hospital where there are no relatives to help. This has helped to provide a link between the hospital and domiciliary services, and we hope that in time this arrangement will be extended to cover the whole County.

M E N T A L H E A L T H S E R V I C E

GENERAL:

In the Mental Health field the year was one of continued activity and progress. It is encouraging to note that both family doctors and the general public have shown an increasing tendency to refer to the Mental Welfare Officers for help in the care of patients.

Plans for the development of our services are now beginning to bear fruit and the foundations of which I believe will be a practical community care service for the mentally disordered are being laid.

It is obvious that there must be close co-operation between the hospital staff, general practitioners, and the local health authority if the service is to succeed and I am pleased to report that generally this has been achieved. Co-operation is also in evidence between the voluntary and official bodies and in this connection I would like to record my appreciation of the work done on behalf of the mentally subnormal children in the area by the local branches of the voluntary bodies.

ADMINISTRATION:

(a) Sub-Committee:

Matters relating to the administration of the Mental Health Service in the County have continued to be dealt with by the Mental Health, Maternity and Child Welfare and Care Sub-Committee. This Committee which consists of 20 members, meets at approximately quarterly intervals.

(b) Staff - Medical:

The County Medical Officer is the chief executive officer of the Authority's Mental Health Services and is also an approved officer for providing certificates of mental illness under Section 28 (2) of the Mental Health Act, 1959. Other doctors similarly approved are the Assistant County Medical Officers, the Consultants at Rauceby, St. John's and Harmston Hospitals and three general medical practitioners. Dr. E.A. Whiteley, Senior Medical Officer, supervises the work of the Training Centre and also has a special responsibility in the Department in connection with the care generally of mentally subnormal persons.

Staff - Non-Medical:

There were no changes during the year in the non-medical staff arrangements, the service continuing to be operated by three full-time District Mental Welfare Officers working under the Senior Mental Welfare Officer based on the County Health Department. The Mental Welfare Assistant continued to combine routine field work with office duties.

(c) Co-ordination:

Co-ordination between the Authority, the Regional Hospital Board and Hospital Management Committees continued to be satisfactory. Several meetings again took place between the superintendents of the hospitals in the area and officers of the Authority to discuss working arrangements.

Training:

Two officers completed the twelve months extra mural course held at the Cambridgeshire College of Arts and Technology, both reaching the required standard.

Monthly meetings have continued to be arranged; these included lectures, discussions and visits of observation. By arrangement with Dr. Falla, Medical Superintendent of St. John's Hospital, mental welfare officers have attended clinical case demonstrations and case conferences when practicable. Officers have attended various regional and national conferences on mental health during the year.

WORK UNDERTAKEN IN THE COMMUNITY:

Psychiatric Cases:

Admissions:

The following table shows the number of patients from the Kesteven area admitted during the year to psychiatric hospitals under the Mental Health Act, 1959. Comparable figures for 1961 are also given:-

	1962				1961			
	Rauceby Hosp.	St. John's Hosp.	Other Hosp-itals	Total	Rauceby Hosp.	St. John's Hosp.	Other Hosp-itals	Total
Section 5 (Informal)	193	36	4	233	145	19	-	164
Section 25 (Observation)	3	8	-	11	6	9	-	15
Section 26 (Treatment)	-	4	-	4	1	3	-	4
Section 29 (Emergency Observation)	38	11	1	50	33	7	-	40
	234	59	5	298	185	38	-	223

The following table gives comparative admission figures for males and females on an age basis:-

Sex	Under 20	20-29	30-39	40-49	50-59	60-69	Over 70	Age not given	Total
Male	7	16	29	22	11	10	10	2	107
Female	11	32	35	37	27	19	29	1	191
Totals	18	48	64	59	38	29	39	3	298

Regrading in hospital of patients admitted for observation.

Admitted for Observation	Section 5	<u>Regraded</u> Section 25	Section 26	Discharged
61 (50 Section 29	15	35	-	-
(11 Section 25	10	-	1	-

Of the 35 regraded to Section 25 from Section 29, 30 continued treatment on an informal basis and 5 took their discharge on the expiration of the order.

Of the 4 patients admitted for treatment (Section 26), 3 were still receiving treatment at the end of the year; the other was regraded informal and discharged from hospital. One informal patient was regraded for treatment and another for compulsory observation.

These tables indicate a sharp rise in admissions to hospital during the year and show that women comprised 64% of the total admissions from this Authority. In an attempt to ascertain the cause of the increase of in-patient treatment, figures of admissions to Rauceby Hospital were broken down between urban and rural areas. The following table shows the results of this:-

Sleaford U.D.	26	admissions	3.4	per	thous.	population
Borough of Grantham	76	"	3.0	"	"	"
Borough of Stamford	33	"	2.8	"	"	"
Bourne U.D.	10	"	1.9	"	"	"
East Kesteven R.D.	23	"	1.2	"	"	"
West Kesteven R.D.	28	"	1.6	"	"	"
South Kesteven R.D.	29	"	1.9	"	"	"
Outside above areas	9	"				
Total Admissions to Rauceby Hospital	234					
from Kesteven						

The admission rate for the County as a whole for 1962 was 2.2 per thousand population compared with 1.6 the previous year. This compares favourably with the national average of 3.3 per thousand population. As far as individual districts are concerned, only Sleaford and Grantham are near the national average.

DISCHARGES:

During the year 258 discharges from psychiatric hospitals were notified to the Local Health Authority compared with 185 during 1961. Of these, 24 were in respect of patients with double stay in hospital during the year and 3 with more than two stays in hospital. This shows

a slight increase in the number that returned to hospital during the year for further treatment. The types of illness involved were as follows:-

Discharged from Hospital during 1962.

Diagnosis	M	F	Total	%	Comparison 1961 - %
Manic Depressives)					
Depressives)					
Anxiety States)	40	93	133	51	49
Melancholia)					
Paraphrenia)					
Paranoia)	31	36	67	26	20
Schizoprenia)					
Hypochondria)					
Hysteria)	6	5	11	5	9
Obsessional Neur.)					
Psycopaths)					
Alcoholism)	6	2	8	3	5
Epileptic)					
Arteriosclerosis)					
Senile Dementia)	11	19	30	11	10
Scmatic)					
Subnormality	4	1	5	2	3
Unspecified	1	3	4	2	4
Total discharges notified	...	...	258		

Dr. W.A. Falla, Medical Superintendent, St. John's Hospital, has kindly submitted the following observations on the working of the psychiatric services in so far as his hospital and the County services are jointly concerned:-

"I am writing to you regarding Psychiatric Services, and the relationship between your Department and this Hospital. It is a pleasure to record that there is active liaison between the various officers concerned, and also a growing appreciation of the problems which face both sides, and increasing understanding of these.

"The regular Case Conferences held on the wards of St. John's Hospital have done much to further these, and I know they are greatly appreciated.

"At St. John's Hospital, we have established an Industrial Rehabilitation Unit, which is making progress, and I am grateful for the interest and support for this project given by local residents.

"The geriatric problem remains acute. The difficulties of placing elderly patients in suitable accommodation outside the hospital are well known, and I hope that more accommodation for them, and also for younger patients in suitable hostels, will soon be provided.

"It is, I think, clear, that if mental hospital beds are to be reduced in anything like the numbers envisaged by the Ministry, much greater provision for the mentally ill within the community itself will be essential. I am confident that these needs are fully appreciated.

"It is gratifying to see that an increasing amount of case work is being performed by your Mental Welfare Officers, and this is of great assistance to us".

PREVENTION, CARE AND AFTER CARE:

The essence of community care and after-care is that it is a permissive service which a person is able to receive or reject. Not everyone who suffers or has suffered from mental disorder requires the service and it is given on the recommendation of the psychiatrist concerned in conjunction with the family doctor. It requires the complete co-operation of the patient and the ability of the Mental Welfare Officer to establish the correct relationship and understanding with the patient. The main objects are to assist the patient to accept treatment and face up to the situation he finds himself in; to help the family to understand what is happening and, where appropriate, to help to prepare both the patient and his family to return from hospital to community life. After-care is to provide continuity of care on completion of in-patient treatment and to assist the medical services in meeting the various needs of the mentally disordered and their families. This may sometimes be of brief duration but more usually may require intensive case-work over a long period.

The work outlined in my previous reports has continued to grow. This is reflected in the figures given in the following table of visits made by the Mental Welfare Officers:-

	<u>1962</u>	<u>1961</u>
Patients in Hospitals	265	101
Out-Patient Clinics	21	19
Patients at Home	681	267
Relatives, etc.	217	98
After-care	269	91
Prevention Cases	<u>215</u>	<u>66</u>
Total visits	<u>1,663</u>	<u>642</u>

SUBNORMALITY:

During the year, a start was made in canvassing firms in the County to employ subnormal persons. This has proved fairly successful and our appreciation is freely expressed to those who have assisted in providing employment.

Of the 107 subnormals in the area capable of employment 85 (79%) were in full-time employment. Of the remaining 22 who were unemployed 12 were in attendance at the training centre, leaving 10 unprovided for.

During the year, 43 cases have been added to the register. The sources of referral were as follows:-

	<u>1962</u>	<u>1961</u>
Transfers from Other Authorities	9	16
Mental Welfare Officers	6	8
National Assistance Board	6	6
Hospitals	3	3
Local Education Authority	14	3
Others	<u>5</u>	<u>2</u>
	<u>43</u>	<u>38</u>

The referrals were dealt with as follows:-

Placed under Community Care	38
Direct admissions to hospital	<u>5</u>
	<u>43</u>

During the year 24 cases were deleted from the register, 19 formerly being under supervision and 5 in hospital. Of the 19 under supervision, 16 left the area and 3 died. Of the 5 hospital cases, 4 were discharged to addresses outside our area and 1 died.

During the year 7 cases under supervision in the community were admitted to hospital, making the total admissions to hospital from this Authority 12. Five patients were discharged from hospital into the community and friendly supervision requested whilst 2 were transferred to psychiatric hospitals and re-admitted to Harmston Hall Hospital after treatment. A further 5 cases were accommodated for short stays during holiday times to afford relief to the parents. Two subnormals were married during the year and 2 had babies.

The following table shows the number of subnormals on the register at the end of the year:-

at the end of the year.													
	SUBNORMAL				SEVERELY SUBNORMAL				TOTALS				Grand Total
	Under 16		16 and over		Under 16		16 and over		Under 16		16 and over		
	M	F	M	F	M	F	M	F	M	F	M	F	
UNDER COMMUNITY CARE													
(a) Attend- ing day training centres	6	6	3	4	8	5	4	4	14	11	7	8	40
Awaiting entry thereto	3	-	1	-	-	4	-	1	3	4	1	1	9
(b) Receiv- ing home training	-	-	-	1	-	-	-	-	-	-	-	1	1
(c) Resid- ent in L.A.Homes	-	-	1	7	-	-	12	7	-	-	13	14	27
(d) Receiv- ing supervision	5	-	74	78	5	2	41	33	10	2	115	111	238
IN HOSPITAL	13	7	33	25	18	5	53	50	31	12	86	75	204
	27	13	112	115	31	16	110	95	58	29	222	210	519
Numbers as at 31.12.61.	17	13	104	114	31	14	106	99	48	27	210	213	498

At the end of the year there were 21 cases awaiting admission to hospital, 9 of which were classified as "Urgent".

CARE AND SUPERVISION:

There has been a slight increase (15) in the number of subnormals living in the community who have requested informal supervision. As reported previously, the main objective, apart from ensuring satisfactory home care is to find employment for as many as possible. Visits under this head have increased as the following table shows:-

	<u>1962</u>	<u>1961</u>
To Subnormals in Hospitals	25	10
In the Community	693	432
To Employers	66	35
For Reports to Hospitals	9	5
Enquiries and other visits	88	106
	<u>881</u>	<u>588</u>

GUARDIANSHIP:

There have been no cases under guardianship in this area during the year.

TRAINING:

As arrangements have proceeded to provide school training for all subnormals who would benefit thereby the need for home tuition has quite naturally decreased. In fact, only two cases were receiving home tuition at the end of the year. This was undertaken by Miss Pickering, Mental Welfare Officer, in addition to her other duties.

The training centre continued to operate at St. Anne's Hall, Grantham, on a full-time basis with 28 subnormals on the register. The new school in Sandon Close was in the process of construction and although scheduled to be completed before the end of the year, it was not actually ready for use until early the following year. There have been changes in the staffing at the centre, the Supervisor, Mrs. Hamilton, resigning in May to take up an appointment at Walthamstow and Mrs. Surridge, the Assistant Supervisor, taking over from that date. Two assistants were appointed during the year - Mrs. Bundy to fill the vacancy created by Mrs. Surridge's promotion and Mrs. Pacey - an additional appointment necessitated by an increase in numbers at the Centre.

Dr. E.A. Whiteley, Senior Medical Officer, reports as follows:-

"The Training Centre has progressed considerably during the year; 28 children now attend 5 days a week for normal school term; transport is arranged daily. The skilled training they receive helps their self-confidence and their satisfaction when they have accomplished some simple handicraft work is indeed very gratifying to the staff. These children all need separate and individual study if their potentialities are to be developed to the full. It is remarkable how quickly their behaviour improves when they settle down and take part in class activities.

"We all look forward to moving into the purpose built Centre in Sandon Close early next year when it will be possible to widen their activities in ideal surroundings."

Parents of Subnormal Children:

"I would again like to emphasise the importance of the adjustment of the parents to the subnormal child. Frequent consultations with the parents provide them with the help they need in the adjustment to their handicapped child and the problems encountered with other children in the family. The subnormal child must be made as far as possible a working member of the family. Parents ask questions about play and social contacts. They are sometimes hesitant in encouraging their children in their play activities, which so much helps in their general development, especially their social skills. Parents are advised to develop the child's self-confidence and to learn to live with their disability. They need help with crises which arise. The Health Visitors and Mental Welfare Officers have been a great help to parents with their problems".

At the end of the year five children from the north of the County were attending the Lincoln Training Centre and two from the Stamford area were attending the Peterborough Centre. Transport for the Grantham Centre continued to be provided by the Ambulance Service while children for the Lincoln and Peterborough Centres were conveyed by private hire.

SUMMARY:

The increased call on the service indicates the good working arrangements between all concerned. Nearly 2,800 visits have been made by the Mental Welfare staff under the prevention, care and after-care service, more than double those made during the eight months the service operated in 1961. The success of the Training Centre is reflected in a notable improvement in the children and in the enthusiasm and interest shown by the parents in its work.

With regard to future developments, the Adult Training Centre and hostel accommodation are most urgently needed and their provision will shortly be under way. Although a certain success has been obtained in placing subnormals in industry, this will always be dependent to a great extent on the employment situation. If unemployment should increase, as it has tended to this last year, employers will obviously be more selective in their choice of employee and the chances of subnormals obtaining work will diminish considerably unless they are suitably trained. The provision of suitable facilities for this therefore becomes more and more urgent as time goes on. Just as important, those with the more severe mental handicaps will, when the Centre is available, have a place to go where they can attempt to do something useful and occupy their minds.

P R E V A L E N C E O F A N D C O N T R O L O V E R I N F E C T I O U S D I S E A S E S

Nine hundred and five cases of infectious diseases, etc. (excluding Tuberculosis) were notified to the District Medical Officers of Health during 1962 compared with 2,484 in 1961, 890 in 1960, 1,923 in 1959, 2,608 in 1958 and 3,135 in 1957.

The Notification Rates per 1,000 total population were as follows:-

						County of Kesteven
Smallpox	..	..	..	..	..	0.00
Typhoid Fever	..	..	..	..	..	0.00
Para-Typhoid Fever	..	..	..	..	..	0.00
Scarlet Fever..	..	..	..	..	..	0.28

						County of Kesteven
Diphtheria	..	..	..	..	..	0.00
Measles ..	..	..	..	..	..	2.87
Whooping Cough ..	..	..	..	..	..	0.31
Acute Pneumonia..	..	..	..	..	..	0.31
Erysipelas	..	..	..	..	..	0.03
Acute Poliomyelitis (Paralytic)	..	..	..	..	..	0.00
Acute Poliomyelitis (Non-Paralytic)	..	..	..	..	..	0.00
Meningococcal Infection	..	..	..	..	..	0.02
Food Poisoning ..	..	..	..	..	..	0.12
Dysentery..	..	..	..	..	..	2.4
Cerebro-Spinal Fever	..	..	..	..	..	0.00

A Table showing the distribution etc. of the notified cases will be found on page 78 of this Report.

Smallpox.- No case of this disease was notified in the County; the last occasion upon which Smallpox occurred in Kesteven was in 1931.

Typhoid Fever.- No case was notified in the County during the year.

Para-Typhoid Fever.- No case of this disease was notified during the year.

Scarlet Fever.- Thirty nine cases were recorded compared with 80 in 1961, and an average of 124 during the years 1952/1961.

Diphtheria.- For the twelfth year in succession no case of this disease was notified.

Measles.- Four hundred and three cases of this disease were notified to the District Medical Officers of Health during the year. The following is a summary of the cases notified and the deaths registered during the past ten years:-

<u>Year</u>	<u>Cases</u>	<u>Deaths</u>
1953	2,045	-
1954	202	1
1955	2,291	-
1956	21	-
1957	2,433	1
1958	2,217	-
1959	1,541	-
1960	226	-
1961	2,138	-
1962	403	-

Whooping Cough.- Forty four cases were notified during the year, compared with 167 in 1961 and an average of 348 during the years 1952/1961.

Pneumonia.- Only Acute Primary and Acute Influenzal Pneumonias are notifiable and 43 cases coming within these categories were notified during 1962 compared with 60 in 1961 and 88 in 1960. Deaths from all forms of Pneumonia numbered 115 - 20 more than last year.

Erysipelas.- Five cases were notified in the County during the year, representing a notification rate of 0.03 per thousand of the total population.

Acute Poliomyelitis.- No case was notified during the year.

Meningococcal Infection.- Three cases were notified during the year, compared with 3 in 1961 and 2 in 1960.

Food Poisoning.- Seventeen cases were recorded in 1962.

Ophthalmia Neonatorum.- No case was notified during the year.

Puerperal Pyrexia.- The 10 cases reported during 1962 represent a Notification Rate of 3.9 per thousand total births (live and still). The average number of notifications received during the previous five years was 17.

Dysentery.- During the year, there was a sharp increase in the number of cases of Sonne Dysentery notified; 341 cases as compared with 6 in the previous year. Generally the outbreaks were confined to the south of the county and involved mainly school children. A large number of visits were made to the schools in the area in order to satisfy ourselves that the standards of hygiene were being maintained. It will be realised that Sonne Dysentery is a highly infectious disease especially amongst young children. The disease is usually spread by hand contamination and it is essential that in areas where Sonne Dysentery occurs, all the schools should have supplies of hot and cold water for hand washing and paper towels for hand drying. During the period of the outbreak hundreds of specimens were submitted for bacteriological examination and investigations caused a great deal of work for this department but more particularly for the District Medical Officers and the Public Health Inspectors in the area. In this connection special mention should be made of the untiring work carried out by Dr. Ellis Smith in dealing with the outbreak.

Acute Encephalitis.- No case of this disease was notified during the year.

Cerebro Spinal Fever.- No case was notified during the year.

TUBERCULOSIS

With the co-operation of the Chest Physicians serving the County, and of our Health Visitors, a check has been made on the Register of Cases. This revealed the following information:-

	Respiratory		Non-Respiratory		Totals	
	M	F	M	F	M	F
No. of persons on Register at 31.12.61.	206	155	10	26	216	182
Cases added to Register during 1962:-						
Formally notified	28	15	4	3	32	18
Coming to light from death returns	2	-	-	-	2	-
Transferred from other areas	3	2	-	-	3	2
	239	172	14	30	253	202

	Respiratory		Non-Respiratory		Totals	
	M	F	M	F	M	F
Cases removed from Register during 1962:-						
Died	5	2	-	-	5	2
Removed from area	6	7	-	1	6	8
Recovered	26	27	3	4	29	31
No. of persons on Register at 31.12.62.	202	136	11	25	213	161

The age groups of new cases and of persons who died from this disease are as follows:-

Age Groups	New Notifications (including Supplemental Return)				Deaths			
	Respiratory		Non-Resp.		Respiratory		Non-Resp.	
	M	F	M	F	M	F	M	F
Under 1 year	-	-	-	-	-	-	-	-
1-4 years	-	-	-	1	-	-	-	-
5-14 years	-	1	-	-	-	-	-	-
15-24 years	3	6(1)	-	1	-	-	-	-
24-44 years	11(3)	5(1)	1	1	1	-	-	-
45-64 years	15	4	1	-	1	-	-	-
65-74 years	3	-	2	-	1	-	-	-
75 and over	1	1	-	-	1	-	-	-
Totals	33(3)	17(2)	4	3	4	-	-	-

N.B. Cases transferred from other Authorities are included in the main figures and also shown separately in brackets.

In comparison, there were 56 new cases (47 respiratory and 9 non-respiratory) in 1961, 59 (51 respiratory and 8 non-respiratory) in 1960, 71 (63 respiratory and 8 non-respiratory) in 1959, and 72 (60 and 12) in 1958.

The 4 deaths from respiratory tuberculosis represent a mortality rate of 0.03 per thousand of the total population. Comparative information relating to the deaths from tuberculosis during the last decennium is given below.

	Respiratory Tuberculosis		Non-Resp. Tuberculosis	
	No. of Deaths	Death Rate	No. of Deaths	Death Rate
1953	17	0.13	6	0.05
1954	18	0.14	1	0.01
1955	18	0.14	4	0.03
1956	11	0.08	3	0.02
1957	11	0.08	1	0.01
1958	6	0.04	2	0.01
1959	8	0.06	1	0.01
1960	2	0.01	2	0.01
1961	4	0.03	-	0.00
1962	4	0.03	-	0.00

It was not necessary to take any action under the Public Health (Prevention of Tuberculosis) Regulations, 1925 (relating to persons suffering from respiratory tuberculosis, employed in the milk trade), or under Section 172 of the Public Health Act, 1936 (relating to the compulsory removal to hospital of persons suffering from tuberculosis).

Reference is made to the services provided for the welfare of tuberculous patients in the section dealing with the County Council's Scheme for the Prevention of Illness, Care and After-Care on page 37.

VENEREAL DISEASES

There were no alterations in the arrangements for the diagnosis and treatment of persons suffering from venereal diseases.

The following table, compiled from returns submitted by the Medical Officers of hospital treatment centres, shows the number of Kesteven patients who attended for the first time during 1962:-

	Syphilis	Gonorrhoea	Other Conditions	Total No. of Cases
Nottingham	-	1	11	12
Grantham	-	5	13	18
Lincoln	-	6	31	37
Peterborough	-	4	12	16
Boston	-	-	1	1
Totals	-	16	68	84

Dr. D.O. Stevenson, Consultant Venereologist reports that fortunately the figures have been very low with no new cases of syphilis and only 16 new cases of gonorrhoea attending his centres for treatment. A large proportion of these were service personnel.

INSPECTION AND SUPERVISION OF FOOD FOOD HYGIENE (GENERAL) REGULATIONS, 1960:

The work under this heading is one of the important duties of a Public Health Department and the condition of all our food preparing premises has reached a very high standard. It has only been possible to reach these standards by having the fullest co-operation between all the departments concerned. During the year, the County Health Inspector made 17 inspections of premises in which food was prepared.

It is also the duty of the County Health Inspector to inspect and advise on food supplied to the County Council for use in their various establishments. During the year, the County Health Inspector examined a large quantity of food and has condemned as unfit for human consumption, the following:-

20 lbs. Meat
104 lbs. Fish
35 lbs. Cod Fillets
28 lbs. Lard
7 lbs. Beef Dripping

MILK AND DAIRIES:

Milk (Special Designation) Regulations, 1960:

Under the above Regulations, the County Council are responsible for licensing all persons in the County who are engaged in retail milk sales.

Before issuing a licence, they must be satisfied that the facilities for handling, treatment and storage of milk are suitable and that there is no possible risk of milk being contaminated. At the end of the year 120 persons were registered for the sale of milk.

The majority of milk sold in this country is pasteurised; at the present time, there is only one licensed pasteurising establishment in the administrative county. It is the duty of the County Council to see that the milk is properly pasteurised before sale. To ensure compliance with the Regulations, it is necessary to make frequent inspections and to submit samples for bacteriological examination. During the year, the County Health Inspector made 62 visits and obtained 99 samples, 33 of which were taken from the licensed pasteurising establishment. All were submitted for bacteriological examination and only one failed to satisfy the required test.

With regard to this failing sample, an investigation was immediately carried out and the necessary action taken.

Biological Milk Sampling:

The County Council scheme for the routine sampling of milk for biological examination continued to function in a satisfactory manner. During the year 83 samples were submitted for examination under this heading and all the samples were found to be free from Tubercle Bacilli but one proved to be positive to Brucella Abortus.

Biological milk sampling is done for two main reasons; one to ensure that the milk is free from Tuberculosis and the other to ensure that it is free from Brucella organisms. A few years ago, a large percentage of these samples were found to be infected with Tubercle Bacilli and under the Tuberculosis Order, action could be taken and infected cows were slaughtered. Today, the infection of milk with Brucella organisms still continues. Milk infected in this way can cause Brucellosis in human beings, and it is interesting to note that during this year two cases of this disease occurred in the county. After full investigation, it was proved beyond doubt that they became ill after drinking milk containing Brucella organisms. These are the first two cases reported in this county in which milk could be conclusively proved as a source of infection. Whilst these two cases were seriously ill and therefore were brought to our notice, it is well acknowledged that there are a number of cases occurring which are mild in character and not easily diagnosed, and therefore not notified. These cases emphasise the importance of continuing to sample milk and thus help to safeguard the health of the public.

Milk and Dairies Acts and Orders:

I am indebted to Mr. G.A. Moore, the Divisional Veterinary Inspector for the following report:-

"As you know, the county, together with the rest of the country, became fully attested on 1st January, 1962, but to deal with any residual infection that may occur every herd of cattle in the county is tested once a year and will continue to be so tested for another year or two. During the course of these tests reactors were found in 11 herds, and in 3 of these herds further reactors were discovered at a second test about 60 days after the first. The total number of reactors found was 39 and these were all disposed of by slaughter. Post mortems were made in every case except 3 and lesions were found in 26 of the animals.

No lesions were found in 10 animals and the existence of tuberculosis could not be confirmed by biological test.

"On the 31st December, 1962, there were 371 registered milk producers in the county of whom 321 were licensed T.T. producers. A clinical examination of all the cows in these herds was carried out during the year and no conditions likely to affect humans were discovered. In fact, they were a singularly healthy lot of cows, much better than the normal standard of dairy cows in the country.

"There were no reports of tuberculosis milk infection during the year and no cattle were slaughtered".

Milk in Schools Scheme:

The milk supplies to our schools continue to be satisfactory and all the schools received supplies of liquid milk in $\frac{1}{2}$ pint bottles. This is either pasteurised or Tuberculin Tested. The position was as follows:-

- 14 Retailers supplying pasteurised milk to 178 schools
- 3 Retailers supplying tuberculin tested milk to 4 schools

Arrangements are being made to ensure that all the milk supplied to our schools is pasteurised and it is hoped that this will be achieved during the coming year.

Milk Supplies to Establishments and Homes:

In all cases of milk supplied to our Residential Establishments, Children's Homes and similar institutions under the control of the County Council, the source of supply is approved by my Department and samples are obtained and submitted for examination.

It is interesting to note that during the year under review the estimated total sales of milk from farms into the administrative county of Kesteven was 7,042,000 gallons, and the number of cows and heifers in milk in the county during that period was 8,200.

FOOD AND DRUGS ACT, 1955:

The provisions of the Food and Drugs Act, 1955, insofar as they relate to the composition and adulteration of food and drugs are administered by the Weights and Measures Department of the County Council and I am indebted to the Chief Inspector of Weights and Measures, Mr. E.T. Hawley, for the following information:-

Sampling.-

During the year under review, 445 (443)* samples were obtained in the area in which the County Council is the Food and Drugs Authority, i.e. the Administrative County of Kesteven including the Boroughs of Grantham and Stamford. The Table at Appendix 'A' shows how these samples were spread throughout the principal rural and urban divisions of the County. The articles actually sampled are listed in Appendix 'B'.

Note.- * Figure in brackets is the comparative total for last year.

APPENDIX 'A':

Localities in which samples were taken during the year:

North Kesteven (with approximate population of 35,000)	(105)	65
South Kesteven (including Bourne U.D.) with approximate population of 20,500	(62)	81
East Kesteven (including Sleaford U.D.) with approximate population of 28,700	(86)	104
West Kesteven with approximate population of 18,500	(56)	63
Grantham Borough with approximate population of 25,000	(75)	90
Stamford Borough with approximate population of 12,500	(38)	42
	(422)	445

N.B. The figures in brackets () are the sampling 'target' for the year based on the Ministry's suggested 3 samples per 1,000 of population.

APPENDIX 'B':

List of articles sampled during the year:

Almonds, ground	1	Margarine	11
Beverages	8	Marmite	1
Biscuits	1	Meat products (tinned)	14
Butter	12	Milk	237
Cereals	5	Milk (condensed)	1
Cheese	4	Milk (flavoured)	3
Confectionery	7	Peanut Butter	2
Cream & articles containing cream	28	Pepper	2
Currants	3	Pork Pies etc.	7
Drugs	6	Preserves	18
Fish Cakes	4	Salad Cream	2
Food Colouring	2	Sausages	12
Fruit, Tinned	1	Soft Drinks	17
Halibut Liver Oil	1	Soups, tinned	3
Honey	4	Tomato ketchup	1
Ice Cream	13	Vinegar, malt	4
		Wine	2
			<u>445</u>

The action taken in respect of unsatisfactory samples is set out in Table IX on page 80.

SANITARY CIRCUMSTANCES

When considering the functions of District Councils, it becomes obvious that one of their most important roles is that of public health which includes preventative medicine.

The basis of public health rests upon certain basic standards of life and these are undoubtedly the provision of good housing, adequate water supply and modern methods of sewerage and sewage purification.

Added to this is the protection of the public's food supply. When these basic principles are properly provided, then, and only then, can the health and well-being of the public be assured. It is, therefore, the first duty of every Council to maintain and extend these services.

HOUSING:

The general improvement in housing continues. It is noticeable that a great deal of private development has taken place during the year under review, and it would appear that it has greatly exceeded Council House development. It is still an important function of the District Councils to clear away properties which owing to their age, have become unfit for habitation, and to supervise the reconditioning of older properties which lack the amenities now necessary. I give on page 67 an extract from the Housing Return issued by the Ministry of Housing and Local Government showing the present position in the various districts of the County.

WATER SUPPLIES, SEWERAGE AND SEWAGE PURIFICATION:

Over the years, great improvements have been made in providing mains water supplies, together with sewerage and sewage purification schemes for all the villages. Every village within the County has a mains supply of water but it is unfortunate that sewerage and sewage disposal schemes implemented have not kept pace with a mains water supply. It is essential that these schemes should be pushed forward, otherwise the pollution of our rivers and streams will become even greater resulting in an ever increasing risk to public health. I give below a review over the past ten years of schemes of water supply and sewerage which have been submitted to the County Council by the District Councils for their observations. In each case the schemes were fully investigated and considered and were approved in principle by the County Council. The cost of schemes approved during this ten year period amounted to nearly four million pounds. It is appreciated that the cost of providing sewerage and sewage purification facilities in every village is very great indeed but they are essential and must be provided.

In my previous Annual Reports, I have made some comment regarding the setting up of Water Boards within the County and this has been accomplished. There are three separate Boards each responsible for water supplies within the Administrative County. Distribution of water can no longer be regarded as a local matter, but must be placed on a more regional basis.

WATER SUPPLY AND SEWERAGE SCHEMES - JANUARY, 1952 to DECEMBER, 1962:

<u>Authority</u>	<u>Date of meeting</u>	<u>Scheme</u>
E.K.R.D.C.	15th January, 1952	Extension of water main to Moor Farm
W.K.R.D.C.	-do-	Fulbeck & Caythorpe Water supply
N.K.R.D.C.	-do-	Water Mains Extension Scheme No. 2
E.K.R.D.C.	25th March, 1952	Water Mains Extension, Ruskington
N.K.R.D.C.	-do-	N. Hykeham & Waddington Sewerage & Sewage Disposal Scheme
S.K.R.D.C.	23rd Sept. 1952	Corby Sewerage and Sewage Disposal Scheme
W.K.R.D.C.	-do-	Water Main Extensions Gunby & Stainby

<u>Authority</u>	<u>Date of meeting</u>	<u>Scheme</u>
N.K.R.D.C.	15th January, 1953	Water Main Extension, Nocton Fen
	-do-	Morton & Swinderby Water Supply
W.K.R.D.C.	24th March, 1953	Ancaster Water Supply
E.K.R.D.C.	-do-	Regional Water Supply Scheme
W.K.R.D.C.	-do-	Skillington
S.K.R.D.C.	11th June, 1953	Billingborough Estate Water Supply
W.K.R.D.C.	-do-	Allington Sewerage & Sewage Disposal Scheme
	-do-	Woolsthorpe-by-Belvoir Water Supply Scheme
	5th August, 1953	Ropsley Sewerage & Sewage Disposal Scheme
	-do-	Colsterworth Sewerage and Sewage Disposal Scheme to serve housing site
	-do-	Skillington (Interim Water Supply) Scheme
	-do-	Normanton (Interim Water Supply Scheme)
	-do-	Foston Water Supply Scheme
	-do-	Great Ponton Water Supply Scheme
	-do-	Dorrington Sewerage and Sewage Disposal Scheme.
	29th Sept. 1953	Claypole Sewerage & Sewage Disposal Scheme
W.K.R.D.C.	14th January, 1954	Stubton & Fenton Water Supply Scheme
Bourne U.D.C.	-do-	Bourne U.D.C. Dyke Water Supply Scheme
W.K.R.D.C.	11th February, 1954	Water Supply Extension Stubton to Brandon
	-do-	Hougham & Marston Water Supply Scheme
S.K.R.D.C.	-do-	Dyke (Bourne) Sewerage and Sewage Disposal Scheme
W.K.R.D.C.	30th March, 1954	Sewerage & Sewage Disposal Scheme (Barkston)(Parts of)
S.K.R.D.C.	-do-	Baston, Langtoft & The Deepings Sewerage & Sewage Disposal Scheme

<u>Authority</u>	<u>Date of meeting</u>	<u>Scheme</u>
W.K.R.D.C.	1st July, 1954	Sedgebrook Water Supply
S.K.R.D.C.	23rd Sept. 1954	Extension of Water Mains, Rippingale
	-do-	Extension of Water Mains, Baston
E.K.R.D.C.	-do-	Sewerage and Sewage Disposal Scheme, Kirkby-La-Thorpe
S.K.R.D.C.	15th February, 1955	Extension of Water Mains, Rippingale -
E.K.R.D.C.	29th March, 1955	Anwick Sewerage & Sewage Disposal Scheme
W.K.R.D.C.	-do-	Water Supply Scheme, Londonthorpe
	-do-	Sewerage & Sewage Disposal Scheme, Caythorpe
W.K.R.D.C.	17th June, 1955	Great Ponton Sewerage & Sewage Disposal Scheme
E.K.R.D.C.	27th Sept. 1955	Scopwick Sewerage & Sewage Disposal Scheme
W.K.R.D.C.	6th December, 1955	Sedgebrook Water Supply Extension to Casthorpe & Woolsthorpe
W.K.R.D.C.	-do-	Barkston Water Supply
Sleaford U.D.	-do-	Sewerage and Sewage Disposal Scheme
W.K.R.D.C.	17th January, 1956	Colsterworth Sewerage and Sewage Disposal Scheme
E.K.R.D.C.	19th June, 1956	N. & S. Raiceby Sewerage and Sewage Disposal Scheme
N.K.R.D.C.	27th Sept. 1956	Brant Broughton Sewerage and Sewage Disposal Scheme
E.K.R.D.C.	-do-	N. & S. Raiceby Sewerage and Sewage Disposal Scheme
N.K.R.D.C.	-do-	Branston, Heighington & Washingborough Sewerage and Sewage Disposal Scheme
W.K.R.D.C.	-do-	Claypole Sewerage & Sewage Disposal
S.K.R.D.C.	26th March, 1957	Extension of Water supply at Aslackby to various farms
W.K.R.D.C.	18th December, 1957	Boothby Pagnall Water Supply Scheme
E.K.R.D.C.	-do-	Martin Sewage Disposal Scheme

<u>Authority</u>	<u>Date of meeting</u>	<u>Scheme</u>
W.K.R.D.C.	15th December, 1957	Long Bennington Sewerage and Sewage Disposal Scheme
		Ancaster scheme
S.K.R.D.C.	20th March, 1959	Water Mains Extension, Holywell
W.K.R.D.C.	-do-	Extension of water supplies to Skillington
N.K.R.D.C.	23rd July, 1959	N. Hykeham Sewerage and Sewage Disposal Scheme
N.K.R.D.C.	23rd July, 1959	Water supply scheme, Franston, Heighington and Washingborough
S.K.R.D.C.	-do-	Water main extension, Uffington
W.K.R.D.C.	17th February, 1960	Water mains extension, Ancaster
Stamford Borough Council	-do-	Sewerage and Sewage Disposal Extension of Sewage Works
E.K.R.D.C.	12th Sept. 1960	Anwick - Additions to Sewage Works
E.K.R.D.C.	-do-	Leasingham Sewerage and Sewage Disposal Scheme
Bourne U.D.	-do-	Provision of new sewers Harlaxton -
W.K.R.D.C.	-do-	Sewage and Sowerage Disposal Scheme
	-do-	Woolsthorpe-by-Belvoir Sewerage & Sewage Disposal Scheme
S.K.R.D.C.	2nd February, 1961	Morton and Thurlby Sewerage and Sewage Disposal Scheme
W.K.R.D.C.	-do-	S. Witham Sewerage and Sewage Disposal Scheme
N.K.R.D.C.	22nd June, 1961	Navenby & Wellingore Sewerage & Sewage Disposal Scheme
S.K.R.D.C.	-do-	Water Mains Extension, Clipsham
W.K.R.D.C.	-do-	Little Ponton Sewerage and Sewage Disposal Scheme
N.K.R.D.C.	5th October, 1961	Extension of Sowers of Eracobridge Heath
W.K.R.D.C.	-do-	Water main extension to Easton
	-do-	Barrowby Sewerage & Sewage Disposal Scheme

<u>Authority</u>	<u>Date of meeting</u>	<u>Scheme</u>
S.K.R.D.C.	5th December, 1961	Sewage and Sewerage Disposal, Market Deeping Extension
N.K.R.D.C.	23rd March, 1962	Water Mains Extension, Coleby
W.K.R.D.C.	-do-	Water Mains Extension, Ropsley
N.K.R.D.C.	28th Sept. 1962	Sewer Extension, Bracebridge Heath

A I R P O L L U T I O N

During the year the County Council were invited by the Department of Scientific and Industrial Research, to take part in a National Survey of Air Pollution. The Department asked the Council if they would assist by setting up two air stations to measure the pollution of the atmosphere in the county, and it is hoped that during 1963, two such stations will have been established.

The purpose of the National Survey is to provide evidence about the distribution of air pollution (in the form of smoke and sulphur dioxide) throughout the country, partly so that the effectiveness of the Clean Air Act can be judged, partly for correlation with health indices and partly to discover the distances over which the pollution from a given source, such as a large city, can be detected.

CONSTRUCTION OF NEW HOUSES UP TO 31ST DECEMBER, 1962

HOUSES IN CLEARANCE AREAS AND UNFIT HOUSES ELSEWHERE

In tenders approved but not started	LOCAL AUTHORITIES		PRIVATE BUILDERS		LOCAL AUTHORITY	Estimated popn. mid-1961 (000's)	Included in orders. Confirmed 1. 1. 55. to 31. 12. 62. (8)	DEMOLISHED OR CLOSED 1.1.55 to 30. 9. 62.	
	Under construction	Completed since 1.4.45.	Under construction	Completed since 1.4.45.				In clearance areas	Elsewhere
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
166	143	7,450	622	5,148	Lincoln - Parts of Kesteven	137.8	508	405	1,408
-	28	1,770	78	810	<u>BOROUGHs</u> Grantham	25.0	132	183	323
-	-	729	17	523	Stamford	12.0	41	10	93
-	-	307	26	256	<u>URBAN DISTRICTS</u> Bourne	5.3	17	22	66
52	-	417	34	126	Sleaford	7.6	116	85	26
62	23	1,176	40	457	<u>RURAL DISTRICTS</u> East Kesteven	20.5	125	56	239
6	9	1,251	270	2,144	North Kesteven	34.3	48	18	213
46	20	77.2	35	446	South Kesteven	14.9	-	12	195
-	63	1,028	122	386	West Kesteven	18.2	29	19	253

TABLE I. - VITAL STATISTICS, 1962

DISTRICT	Popul'n Mid-year 1962 (R.G. Est.).	No. of Live Births			No. of Still- births			Deaths under 1 year of age			Inf. Mort. Rate	No. of deaths			Crude Death Rate	Nett Death Rate
		M	F	Total	M	F	Total	M	F	Total		M	F	Total		
Bourne	5,370	39	43	82	-	-	-	1	-	1	12.19	35	37	72	13.41	12.32
Grantham	25,170	238	193	431	5	5	10	3	5	8	18.56	164	150	314	12.47	12.34
Sleaford	7,680	71	54	125	1	1	2	-	-	-	0.00	65	76	141	18.36	10.09
Stamford	12,310	97	110	207	2	-	3	1	1	2	9.66	75	80	155	12.59	10.44
Total Urban Districts	50,530	445	400	845	9	6	15	5	6	11	13.01	339	343	682	13.50	11.65
East Kesteven	21,020	180	174	354	6	2	8	5	6	11	31.07	102	90	192	9.13	11.59
North Kesteven	35,080	381	326	707	12	5	17	10	5	15	21.22	188	199	387	11.03	8.71
South Kesteven	15,170	144	134	278	3	3	6	3	2	5	17.98	100	74	174	11.47	11.24
West Kesteven	18,460	160	153	313	6	2	8	3	5	8	25.56	95	109	204	11.05	12.04
Total Rural Districts	89,730	865	787	1652	27	12	39	21	18	39	23.61	485	472	957	10.66	10.76
Total Administrative County	140,260	1310	1187	2497	36	18	54	26	24	50	20.02	824	815	1639	11.68	11.09

TABLE II - SHOWING FOR EACH COUNTY DISTRICT THE NUMBER AND CAUSES OF DEATH DURING 1962

CAUSES OF DEATH	Bourne U.D.	Grantham Borough	Sleaford U.D.	Stamford Borough	Aggregate	E. Kesteven R.D.	N. Kesteven R.D.	S. Kesteven R.D.	W. Kesteven R.D.	Aggregate	TOTALS
1. Tuberculosis, respiratory	1	-	1	-	2	1	-	-	-	2	4
2. Tuberculosis, other	-	-	-	-	-	-	-	-	-	-	-
3. Syphilitic disease	-	1	-	-	1	1	1	1	-	3	4
4. Diphtheria	-	-	-	-	-	-	-	-	-	-	-
5. Whooping Cough	-	-	-	-	-	-	-	-	-	-	-
6. Meningococcal infections	-	-	-	-	-	1	-	-	-	1	1
7. Acute poliomyelitis	-	-	-	-	-	-	-	-	-	-	-
8. Measles	-	-	-	-	-	-	-	-	-	-	-
9. Other infective and parasitic diseases	-	-	-	-	-	1	-	1	-	2	2
10. Malignant neoplasm, stomach	1	14	5	2	22	5	8	5	1	19	41
11. Malignant neoplasm, lung bronchus	1	13	8	6	28	8	12	6	8	34	62
12. Malignant neoplasm, breast	1	4	3	2	10	2	4	4	2	12	22
13. Malignant neoplasm, uterus	-	-	-	1	1	1	3	1	-	5	6
14. Other malignant and lymphatic neoplasms	5	32	9	11	57	18	21	16	17	72	129
15. Leukaemia, aleukaemia	1	3	-	2	6	-	1	-	2	3	9
16. Diabetes	-	2	-	-	2	1	3	2	5	11	13
17. Vascular lesions of nervous system	16	44	27	28	115	33	44	19	34	130	245
18. Coronary disease, angina	14	45	16	25	100	26	61	31	33	151	251
19. Hypertension, with heart disease	2	1	6	2	11	5	5	1	1	12	23
20. Other heart disease	15	47	24	18	104	26	107	33	22	188	292
21. Other circulatory disease	-	26	5	10	41	9	12	7	15	43	84
22. Influenza	1	1	-	-	2	-	2	-	2	4	6
23. Pneumonia	4	12	14	15	45	11	29	19	11	70	115
24. Bronchitis	1	17	4	8	30	6	12	3	12	33	63
25. Other diseases of respiratory system	-	4	1	-	5	1	2	1	2	6	11
26. Ulcer of stomach and duodenum	-	2	1	-	3	3	2	2	1	8	11
27. Gastritis, enteritis and diarrhoea	-	-	-	1	1	-	1	-	-	1	2
28. Nephritis and nephrosis	-	-	-	1	1	-	4	-	1	5	6
29. Hyperplasia of prostate	-	1	1	1	3	-	2	-	2	4	7
30. Pregnancy, childbirth, abortion	-	-	-	-	-	-	-	-	-	-	-
31. Congenital malformations	-	3	-	1	4	3	5	1	2	11	15
32. Other defined and ill-defined diseases	8	34	10	8	60	23	32	12	21	88	148
33. Motor Vehicle accidents	1	4	3	3	11	2	6	3	3	14	25
34. All other accidents	-	3	2	5	10	4	5	5	6	20	30
35. Suicide	-	1	1	5	7	1	2	1	1	5	12
36. Homicide and operations of war	-	-	-	-	-	-	-	-	-	-	-
ALL CAUSES	72	314	111	155	682	192	387	174	204	957	1639

TABLE III - CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE DURING 1962

CAUSES OF DEATH	Sex	AGGREGATE OF URBAN DISTRICTS									AGGREGATE OF RURAL DISTRICTS								
		All Ages	0-	1-	5-	15-	25-	45-	65-	75-	All Ages	0-	1-	5-	15-	25-	45-	65-	75-
ALL CAUSES	M	339	5	-	5	2	12	86	80	149	485	21	3	2	10	14	105	146	184
	F	343	6	2	2	4	6	59	74	190	472	18	1	1	2	7	67	101	275
1. Tuberculosis, respiratory	M	2	-	-	-	-	1	1	-	-	2	-	-	-	-	-	-	1	1
	F	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
2. Tuberculosis, other	M	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
3. Syphilitic disease	M	1	-	-	-	-	-	-	1	-	2	-	-	-	-	1	-	1	-
	F	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	1	-
4. Diphtheria	M	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
5. Whooping Cough	M	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
6. Meningococcal infections	M	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
7. Acute Poliomyelitis	M	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8. Measles	M	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
9. Other infective and parasitic diseases	M	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	1	-	-
	F	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	1	-	-
10. Malignant neoplasm, stomach	M	11	-	-	-	-	-	4	3	4	8	-	-	-	-	1	1	2	4
	F	11	-	-	-	-	-	2	6	3	11	-	-	-	-	-	5	2	4
11. Malignant neoplasm, lung bronchus	M	26	-	-	-	-	1	16	4	5	29	-	-	-	-	3	15	11	-
	F	2	-	-	-	-	-	-	2	-	5	-	-	-	-	-	1	-	4
12. Malignant neoplasm, breast	M	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	F	10	-	-	-	-	-	6	1	3	12	-	-	-	-	-	7	2	3
13. Malignant neoplasm, uterus	F	1	-	-	-	-	-	-	-	1	5	-	-	-	-	1	1	1	2
14. Other malignant and lymphatic neoplasms	M	32	-	-	-	-	1	10	13	8	40	-	-	-	-	1	11	15	13
	F	25	-	-	-	-	1	10	7	7	32	-	-	-	1	2	13	7	9
15. Leukaemia, aleukaemia	M	2	-	-	-	-	1	-	-	1	-	-	-	-	-	-	-	-	-
	F	4	-	-	-	-	1	1	-	2	3	-	-	-	-	-	1	1	1
16. Diabetes	M	2	-	-	-	-	-	1	-	1	6	-	-	-	-	-	3	3	-
	F	-	-	-	-	-	-	-	-	-	5	1	-	-	-	-	1	2	1
17. Vascular lesions of nervous system	M	49	-	-	-	-	1	8	11	29	55	-	-	-	-	-	5	26	24
	F	66	-	-	-	-	1	9	17	39	75	-	-	-	-	-	9	19	47
18. Coronary disease, angina	M	60	-	-	-	-	2	19	18	21	101	-	-	-	-	1	32	41	27
	F	40	-	-	-	-	1	9	14	16	50	-	-	-	-	-	5	18	27
19. Hypertension with heart disease	M	5	-	-	-	-	-	1	2	2	5	-	-	-	-	-	2	1	2
	F	6	-	-	-	-	-	2	2	2	7	-	-	-	-	-	-	2	5
20. Other heart disease	M	37	-	-	-	-	1	8	8	20	77	-	-	-	-	2	4	16	55
	F	67	-	-	-	-	-	1	9	57	111	-	-	-	-	-	8	13	90
21. Other circulatory disease	M	19	-	-	-	-	-	-	4	15	24	-	-	-	-	1	8	5	10
	F	22	-	-	-	-	-	1	6	15	19	-	-	-	-	-	3	8	8
22. Influenza	M	1	-	-	-	-	1	-	-	-	2	-	-	2	-	-	-	-	-
	F	1	-	-	-	-	-	-	-	1	2	-	-	-	-	-	-	-	2
23. Pneumonia	M	17	2	-	1	-	-	1	4	9	30	4	1	-	1	1	1	7	15
	F	28	2	1	-	2	-	4	3	16	40	5	-	-	-	1	-	8	26
24. Bronchitis	M	23	-	-	-	-	-	3	4	16	22	-	1	-	-	-	8	7	6
	F	7	-	-	-	-	-	1	1	5	11	-	-	-	-	-	1	1	9
25. Other diseases of respiratory system	M	4	-	-	1	-	1	1	-	1	3	1	-	-	-	-	1	1	-
	F	1	-	-	-	-	-	-	-	1	3	-	-	-	-	-	-	1	2
26. Ulcer of stomach and duodenum	M	1	-	-	-	-	-	-	-	1	4	-	-	-	-	-	1	1	2
	F	2	-	-	-	-	-	2	-	-	4	-	-	-	-	-	-	3	1
27. Gastritis, enteritis and diarrhoea	M	1	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	1
	F	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	1
28. Nephritis and nephrosis	M	1	-	-	-	-	-	-	-	1	2	-	-	-	-	-	2	-	-
	F	-	-	-	-	-	-	-	-	-	3	-	-	-	-	-	1	-	2
29. Hyperplasia of prostate	M	3	-	-	-	-	-	-	-	3	4	-	-	-	-	-	1	-	3
30. Pregnancy, childbirth, abortion	F	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
31. Congenital malformations	M	2	1	-	1	-	-	-	-	-	9	9	-	-	-	-	-	-	-
	F	2	-	1	-	-	-	1	-	-	2	2	-	-	-	-	-	-	-
32. Other defined and ill-defined diseases	M	25	2	-	1	1	-	9	4	8	39	7	-	-	1	2	3	5	21
	F	35	3	-	1	-	1	7	5	18	49	10	-	-	1	1	5	11	22
33. Motor Vehicle accidents	M	10	-	-	1	1	2	1	3	2	10	-	-	-	7	1	1	1	-
	F	1	-	-	-	-	-	-	-	1	4	-	1	-	-	1	1	-	1
34. All other accidents	M	3	-	-	-	-	-	1	-	2	7	-	-	-	1	-	3	2	1
	F	7	1	-	1	1	-	-	1	3	13	-	-	1	1	-	4	-	6
35. Suicide	M	2	-	-	-	-	-	1	1	-	2	-	-	-	-	-	-	-	-
	F	5	-	-	-	1	1	3	-	-	3	-	-	-	-	-	-	1	2
36. Homicide and operations of war	M	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

TABLE IV - INFANT WELFARE CENTRES, 1962.

Address of Centre	Days of Opening	Individual Children who attended				Attendances				Consultations with Medical Officer		
		Born in 1962	Born in 1961	Born in 1957 to 1960	Total	Infants under 1	Child- ren aged 1-2	Child- ren aged 2-5	Total with Aver.	Infants under 1	Child- ren aged 1-5	Total
ALLINGTON Village Hall	3rd Thursday	15	23	28	66	163	50	97	310 (25)	37	25	62
ANCASTER Village Hall	4th Thursday	14	12	17	43	96	56	28	180 (16)	39	28	67
BASSINGHAM Comrades Hall	2nd Tuesday	15	21	26	62	141	102	105	348 (29)	24	21	45
BILLINGBOROUGH Toller Hall	3rd Tuesday	13	21	25	59	170	124	143	437 (36)	37	46	83
BILLINGHAY Church Hall	2nd & 4th Wednesday	27	18	7	52	213	22	19	254 (12)	41	11	52
BOURNE Clinic, North Rd.	1st & 3rd Thursday	55	45	53	153	1204	195	136	1535 (30)	80	18	98
BRACEBRIDGE HEATH Village Hall	2nd & 4th Thursday	36	24	44	104	408	215	233	856 (35)	66	39	105
BRANSTON Methodist Chapel	2nd Tuesday	20	17	29	66	160	40	80	280 (23)	21	11	32
CASTLE BYTHAM Village Hall	2nd Wednesday	9	13	18	40	63	41	45	149 (12)	24	15	39
CAYTHORPE Village Hall	2nd Wednesday	9	20	21	50	81	36	26	143 (12)	21	8	29
CLAYPOLE Village Hall	1st Thursday	10	14	20	44	56	36	64	156 (15)	11	13	24
COLSTERWORTH Wesleyan School	4th Monday	15	19	25	59	166	71	127	364 (30)	24	3	27
CORBY	2nd Thursday	19	11	22	52	135	56	36	227 (19)	34	4	38

TABLE IV - INFANT WELFARE CENTRES, 1962. (CONTD)

Address of Centre	Days of Opening	Individual children who attended				Attendances				Consultations with Medical Officer		
		Born in 1962	Born in 1961	Born in 1957 to 1960	Total	Infants under 1	Child- ren aged 1-2	Child- ren aged 2-5	Total with Aver.	Infants under 1	Child- ren aged 4-5	Total
CRANWELL R.A.F. Station	1st & 3rd Thursday	39	33	9	81	335	64	12	411 (17)	-	-	-
EAGLE Village Hall	2nd Wednesday	10	5	19	34	48	29	52	129 (11)	24	36	60
FOLKINGHAM Village Hall	1st Friday	1	6	10	17	27	36	31	94 (8)	16	22	38
GRANTHAM 40, Westgate	Tuesday a.m. and p.m. Wed. p.m. Thursday a.m. & p.m.	193	151	144	488	3183	405	565	4153 (27)	469	68	537
GRANTHAM Farrowby Lane Methodist Church Hall	Every Wednesday	88	69	25	182	1894	241	19	2154 (42)	111	11	122
GRANTHAM Beaconfield Clinic	Every Thursday	69	49	42	160	1310	223	213	1746 (34)	63	9	72
GREAT GONERBY Memorial Hall	1st Wednesday	14	11	6	31	83	18	16	117 (10)	26	3	29
HARLAXTON Village Hall	3rd Thursday	3	1	7	11	16	37	-	53 (5)	3	3	6
HECKINGTON Village Hall	3rd Thursday	14	17	36	67	126	59	137	322 (27)	35	22	57
HEIGHINGTON Methodist School- room	2nd Thursday	21	24	29	74	186	137	90	413 (30)	105	76	181
HELPRINGHAM Memorial Hall	1st Friday	10	15	30	55	91	55	103	249 (20)	5.6	79	135

TABLE IV - INFANT WELFARE CENTRES, 1962. (CONTD)

Address of Centre	Days of Opening	Individual children who attended				Attendances				Consultations with Medical Officer		
		Born in 1962	Born in 1961	Born in 1957 to 1960	Total	Infants under 1	Child- ren aged 1-2	Child- ren aged 2-5	Total with aver.	Infants under 1	Child- ren aged 1-5	Total
INGOLDSBY Village Hall	1st Wednesday	5	11	14	30	60	65	41	166 (15)	8	7	15
LANGTOFT R.A.F. Wives Club	1st & 3rd Monday	33	35	28	96	349	81	31	461 (20)	20	3	23
LEADENHAM Village Hall	4th Friday	13	23	28	64	113	69	84	266 (24)	55	117	172
LEASINGHAM Village Hall	2nd Tuesday	10	8	12	30	50	30	28	108 (9)	37	48	85
LINCOLN BRANT ROAD Social Club	4th Monday	16	14	23	53	102	75	82	259 (21)	39	59	98
LONG BENNINGTON Village Hall	Alternating 2nd Thurs. & 2nd Mon.	25	7	26	58	133	27	102	262 (20)	23	15	38
MARKET DEEPING Welland Room, New Inn	2nd & 4th Monday	68	56	74	198	642	274	124	1040 (49)	263	119	382
MARTIN (Dr. R.E. Riley's Surgery)	3rd Wednesday	14	13	10	37	83	56	34	173 (16)	35	25	60
METHERINGHAM Village Hall	1st & 3rd Wednesday	16	28	21	65	345	126	113	584 (24)	111	50	161
MORTON Baptist Church Hall	3rd Friday	8	6	5	19	52	23	12	87 (8)	-	-	-
NAVENBY Wesleyan School	2nd Friday	11	24	34	69	56	52	67	175 (16)	14	36	50
NOCTON Village Hall	Wednesday fortnightly	22	9	10	41	65	26	27	118 (10)	6	1	7

TABLE IV - INFANT WELFARE CENTRES, 1962 (CONTD)

Address of Centre	Days of Opening	Individual children who attended					Attendances			Consultations with Medical Officer		
		Born in 1962	Born in 1961	Born in 1957 to 1960	Total	Infants under 1	Child- ren aged 1-2	Child- ren aged 2-5	Total with Aver.	Infants under 1	Child- ren aged 1-5	Total
NORTH HYKEHAM Church Hall	2nd & 4th Tuesday	76	67	32	175	938	199	42	1179 (51)	156	18	174
NORTH HYKEHAM (Newark Road) Memorial Hall	1st & 3rd Monday	49	62	41	152	727	356	124	1207 (52)	113	67	180
WOBURNBY Village Hall	1st Thursday	8	9	18	35	81	27	60	168 (15)	66	57	123
PCTTERHAMWORTH Village Hall	3rd Friday	12	14	31	57	114	83	152	349 (29)	49	94	143
RCPSLEY Village Hall	3rd Friday	8	7	21	36	48	36	79	163 (13)	18	17	35
SKELLINGTHORPE Women's Institute	2nd Monday	26	19	17	62	205	44	96	345 (28)	113	43	150
SLEAFORD Riversdale House, Westgate	Every Monday	97	52	37	186	1288	214	128	1630 (32)	166	21	187
SOUTH KYME Village Hall	4th Tuesday	6	6	26	38	70	53	98	221 (20)	59	92	151
SOUTH WITHAM Church Hall	3rd Wednesday	9	13	10	32	116	25	27	168 (14)	49	8	57
STAMFORD Clinic, Barnhill	Every Friday	174	161	202	539	3380	645	602	4627 (90)	974	297	1271
SWINDRBY Methodist School room	1st Thursday	8	14	18	40	64	36	69	169 (14)	55	104	159

TABLE IV - INFANT WELFARE CENTRES, 1962. (CONTD)

Address of Centre	Days of Opening	Individual children who attended				Attendances				Consultations with Medical Officer		
		Born in 1962	Born in 1961	Born in 1957 to 1960	Total	Infants under 1	Child- ren aged 1-2	Child- ren aged 2-5	Total with Aver.	Infants under 1	Child- ren aged 1-5	Total
THURLBY Chapel Hall	2nd Friday	12	7	8	27	84	31	13	128 (10)	-	-	-
WADDINGTON Church Hall	1st & 3rd Tuesday	37	37	38	112	510	142	87	739 (31)	78	15	93
WADDINGTON R.A.F.	1st & 3rd Thursday	50	32	30	112	493	67	66	626 (26)	1	-	1
WASHINGTON Village Hall	3rd Thursday	13	17	17	47	114	53	54	221 (18)	48	38	86

TABLE V - * PREMATURE INFANTS BORN DURING 1962

Weight at birth	PREMATURE LIVE BIRTHS										PREMATURE STILLBIRTHS		
	Born in hospital		Born at home and nursed entirely at home		Born at home and transferred to hospital on or before 28th day		Born in nursing home and nursed entirely there		Born in nursing home and transferred to hospital on or before 28th day		Born in hospital	Born at home	Born in nursing home
	Total	Died within 24 hrs of birth	Survived 28 days	Total	Died within 24 hrs of birth	Survived 28 days	Total	Died within 24 hrs of birth	Survived 28 days	Total	Died within 24 hrs of birth	Survived 28 days	
3lb.4oz. or less	10	4	5	1	-	1	-	-	-	-	-	5	-
Over 3lb.4 oz. up to and including 4lb. 6 oz.	25	1	23	3	-	3	5	2	3	-	-	13	-
Over 4lb.6 oz. up to and including 4 lb. 15 oz.	31	1	30	1	-	-	-	-	-	-	-	1	-
Over 4lb. 15 oz. up to and including 5lb. 8oz.	52	1	49	21	-	21	2	-	2	-	-	6	-
Totals	118	7	107	26	-	25	7	2	5	-	-	25	-

* i.e. babies weighing 5½ lbs. or less at birth, irrespective of period of gestation.

TABLE VI - DOMESTIC HELP SERVICE

Area	CASES ASSISTED - ANALYSIS BY TYPE OF CASE						Number of Helps employed at end of year (All part-time)	Total hours worked by Helps
	Maternity	T.B.	Chronic Sick (Under 65 years)	Chronic Sick (Over 65 years)	Others (Short-term sickness, etc.)	Total		
GRANTHAM	1961	13 (13)	1 (1)	10 (7)	243 (65)	26 (24)	293 (110)	39,641
	1962	19 (19)	1 (-)	11 (5)	227 (68)	15 (9)	273 (101)	42,539
SLEAFORD, NORTH & EAST KESTIVEN	1961	13 (13)	1 (1)	14 (5)	225 (74)	13 (13)	266 (106)	42,097
	1962	22 (22)	1 (-)	25 (11)	223 (67)	19 (17)	290 (117)	39,944
STAMFORD, SOUTH KESTIVEN AND BOURNE	1961	10 (10)	- (-)	8 (2)	182 (59)	7 (7)	207 (78)	41,753
	1962	9 (9)	- (-)	6 (3)	177 (56)	7 (5)	199 (73)	40,655
TOTALS	1961	36 (36)	2 (2)	32 (14)	650 (198)	46 (44)	766 (294)	123,491
	1962	50 (50)	2 (-)	42 (19)	627 (191)	41 (31)	762 (291)	121,138

The figures in brackets denote new cases helped, i.e. cases who had not received help before 1962.

TABLE VII - DISTRIBUTION OF NOTIFIED CASES OF INFECTIOUS AND OTHER NOTIFIABLE DISEASES IN RURAL AND URBAN DISTRICTS, 1962
(including Non-Civilians)

Sanitary District	Total No. notified	Scarlet Fever	Diphtheria	Measles	Whooping Cough	Acute Pneumonia	Ophthalmia Neonatorum	Puerperal Pyrexia	Dysentery	Erysipelas	Acute Polio-myelitis			Para-Typhoid Fever	Acute Encephalitis		Meningococcal Infection	Food Poisoning	Malaria	Enteric Fever
											Paralytic	Non-Paralytic	Post Infectious		Infective					
Bourne U.D.	79 (198)	12	-	8	-	10	-	-	48	1	-	-	-	-	-	-	-	-	-	-
Grantham M.B.	28 (502)	1	-	8	2	9	-	7	-	1	-	-	-	-	-	-	-	-	-	-
Sleaford U.D.	245 (37)	2	-	213	-	1	-	-	22	-	-	-	-	-	-	-	-	7	-	-
Lt. Tamford M.B.	291 (342)	10	-	6	42	9	-	2	222	-	-	-	-	-	-	-	-	-	-	-
Aggregate of Urban Districts	643 (1679)	25	-	235	44	29	-	9	292	2	-	-	-	-	-	-	-	7	-	-
E. Kesteven R.D.	66 (275)	4	-	29	-	6	-	-	11	3	-	-	-	-	-	-	1	6	-	-
N. Kesteven R.D.	145 (587)	4	-	123	-	6	-	-	8	-	-	-	-	-	-	-	-	4	-	-
S. Kesteven R.D.	53 (270)	5	-	15	-	2	-	-	30	-	-	-	-	-	-	-	1	-	-	-
W. Kesteven R.D.	4 (273)	1	-	1	-	-	-	1	-	-	-	-	-	-	-	-	1	-	-	-
Aggregate of R.D.'s	262 (1405)	14	-	168	-	14	-	1	49	3	-	-	-	-	-	-	3	10	-	-
Totals for whole County	905 (2484)	39	-	403	44	43	-	10	341	5	-	-	-	-	-	-	3	17	-	-

Note - figures in brackets relate to 1961.

TABLE VIII - CLINICS

Address	Dental	Oththopaedic	Cphthalmic	E.N.T.	Speech Therapy	Child Guidance
Beaconfield, Grantham	As required	Mon. 2-5 p.m. Wed. 9 a.m. - 5 p.m. Fri. 9 a.m. - 5 p.m. Sat. 9-12 noon	1st & 3rd Fri. each month 10 a.m. - 1 p.m.	Last Fri. each month 11-12 noon	Wed. 9 a.m. - 12 noon Fri. 1-5 p.m.	Mon. & Wed. 9.15 a.m. - 12.30 p.m. 2.0 - 5 p.m.
Barnhill House, Stamford	Temp. suspended	Tues. 9.30 a.m. - 12 noon	1st & 3rd Thur. each month 9-11 a.m.	-----	Mon. 9 a.m. - 5 p.m.	-----
North Street, Bourne	Temp. suspended	Tues. 2-4.30 p.m.	4th Thurs. each month 2-4 p.m.	-----	Thurs. 1.30 - 5 p.m.	Bourne House Hostel - Fri. 9 a.m. to 12.30 p.m.
Riversdale House, Sleaford	Mon. - Fri. 9 a.m. - 5 p.m.	Mon. 9.30 - 12.30 p.m. Thurs. 9.30 a.m. - 4.30 p.m.	2nd & 4th Tues. each month 3-5.30 p.m.	1st Fri. each month 11 a.m. - 1 p.m.	Thurs. 9 a.m. - 12.30 p.m.	Fri. 2.0 - 5 p.m.
30 Lindum Road, Lincoln	----	----	----	----	Wed. 2-5 p.m.	----

† Surgeon attends
‡ as required

* under arrangements with the Regional Hospital Boards.

† Surgeon attends

‡ as required

* under arrangements with the Regional Hospital Boards.

TABLE IX - ACTION TAKEN UNDER THE FOOD AND DRUGS ACT, 1955, IN CASES OF UNSATISFACTORY SAMPLES - 1962.

Sample No.	Article	Report of Analyst	Action taken
15	"Butta" cheese	Contained 19.43% milk-fat and 65.92% water	This was a 'soft' cheese with all the appearance of 'cream' cheese, made by the makers of "Luxury Farmhouse" and "Quality Lunch" soft cheeses. Because it was known that the Food Standards Committee was considering the whole question of soft and cream cheeses and because the legal position had been carefully considered recently in relation to the description "Luxury Farmhouse" (23.8% milk-fat and 61.83% water), no action was taken.
25	Beef steak with gravy	Contained 63% meat as against a suggested standard of 70%	At this time there was no statutory standard for an article described as "Beef Steak with Gravy", though the Food Standards Committee has now recommended that it should contain 75% meat. As a recent case at Blackburn had shown the difficulty of taking legal proceedings without a statutory standard, no action was taken.
88	Tinned Chicken	Contained 80% meat and 20% jelly. It should be described as "Boned Chicken in Jelly".	This was a sample of a commodity canned in China and exported under the aegis of the China National Foodstuffs Export Corporation. It was clearly labelled to comply with U.K. legislation, and, in addition to the description "Skinless boned CHICKEN", listed the contents as chicken meat Chicken jelly and Salt". I wrote to the English importers drawing their attention to the analyst's remarks.
89) 128)	Tinned raspberries	This tin (these tins) contained less than the minimum weight of fruit for an 8-oz. can.	A Code of Practice describing standards of fill for canned fruit was agreed in 1958 between the Ministry and the Fruit & Vegetable Canners' Association of Great Britain and this prescribes a minimum weight of 4½-oz. raspberries in an 8-oz. can. It was thought that these deficiencies were due to the over-ripeness of the fruit. The canners, a well-known Scottish firm, were cautioned in writing.

TABLE IX - ACTION TAKEN UNDER THE FOOD AND DRUGS ACT, 1955, IN CASES OF UNSATISFACTORY SAMPLES - 1962. (Continued)

<u>Sample No.</u>	<u>Article</u>	<u>Report of Analyst</u>	<u>Action taken</u>
159	Super Cream Cheese	Contained only 33.4% milk-fat instead of at least 45%.	<p>This was a sample of what the makers called "Superb Creamery Cheese". On show in a Stamford shop it was labelled "Super Cream Cheese". The shopkeeper who, with no previous experience, had recently opened a delicatessen, was cautioned and the attention of the makers was drawn to this possibility of an error. Their attention was also drawn to the recently published report of the Food Standards Committee on Hard, Soft and Cream Cheeses.</p>
295	Blackcurrant Syrup	Deficient in vitamin C to the extent of 24% of the declared amount.	<p>The label declared that this syrup contained not less than 20 milligrams of vitamin C (in the form of ascorbic acid) per fluid ounce, but the analyst found only 15.2 milligrams. He also found that it was coloured with one of the 'permitted' coal-tar dyes (disodium salt of indigotin, etc). When the makers were asked for their comments, they explained that they had already been made aware of this defect and that a well-known London analyst had carried out extensive tests on their behalf which had shown that the coal-tar dye was responsible for the destruction of the vitamin C. On agreeing to withdraw all retail stocks in the area, the makers were cautioned in writing.</p>
353	Buttered rum truffles	Contained insufficient rum to justify the designation and should be called "Buttered rum-flavoured Truffles".	<p>These sweets comprised a hard toffee outer layer and a soft fudge-like centre. The outer layer contained 4.34% butter-fat and justified the description "buttered". The rum was confined to the centre filling and amounted to 1.4% at 70° proof spirit. As this amount was well below the maximum of 3% above which excise duty would be chargeable, the analyst considered there was a deficiency. The case was taken up with the makers who agreed to produce a new label.</p>

TABLE IX - ACTION TAKEN UNDER THE FOOD AND DRUGS ACT, 1955, IN CASES OF UNSATISFACTORY SAMPLES - 1962. (Continued)

Sample No.	Article	Report of Analyst	Action taken
369	Stewed steak with gravy	Contained 68.5% meat as against a recommended standard of 75%	<p>This sample contained 68.5% meat instead of the 75% which the Food Standards Committee recommends in its recent Report on Canned Meats. The sellers, an extremely powerful retail chain, were informed of the analyst's comments. They replied:</p> <p>"We have had talks with all our suppliers and every effort will be made to comply with the recommendations (of the Food Standards Committee), even before they become a Regulation".</p>
407	Tinned Chicken	A fairer designation would be "Whole Chicken in Chicken Broth".	<p>This was a sample of an American product described as "One whole Chicken without giblets". After removal of the bones, the sample contained 70% chicken meat. As the Food Standards Committee specifically excluded 'whole tinned chicken' from their recommendations, no action was taken.</p>
-	Savoury Rice	Complaint - Stamford	<p>In this case a small piece of brass wire was found in a tin of Savoury Rice packed by a well-known East Anglian firm of canners. In view of all the circumstances, the canners were cautioned in writing.</p>
-	Chopped Ham	do. - Bourne	<p>In this case a Bourne housewife complained that she had found a soiled lint finger dressing in a tin of Chopped Ham. Legal proceedings were instituted and the importers were fined £50 and 5 guineas costs.</p>

